

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K29333 (7)**  
 1. Corporation Name  
**ALICE CARTER INSURANCE AGENCY, INC.**



Principal Place of Business <b>120 VENETIAN WAY #15 MERRITT ISLAND FL 32953 US</b>	Mailing Address <b>PO BOX 340808 MERRITT ISLAND FL 32954-0808 US</b>
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3. Date Incorporated or Qualified <b>08/01/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2901236</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent <b>PARZEK, ALICE T.                  120 VENETIAN WAY #15                  MERRITT ISLAND FL 32953</b>	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	<b>D PARZEK, ALICE T.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>570 BELAIR AVENUE</b>	12 NAME	
	<b>MERRITT ISLAND FL</b>	13 STREET ADDRESS	
		14 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alice T. Parzek* **REQUIRED** **4/11/97** **407-452-8349**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)