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AND  
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1997 APR 30 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 # K31776 (3)**  
 1. Corporation Name  
**FLORIDA PETROLEUM LIABILITY INSURANCE PROGRAM AD  
 MINISTRATORS, INC.**

Principal Place of Business <b>317 RIVEREDGE BLVD                  P. O. BOX 1947                  COCOA FL 32923-1947                  US</b>	Mailing Address <b>317 RIVEREDGE BLVD                  P. O. BOX 1947                  COCOA FL 32923-1947                  US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/25/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>50-2919248</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HARRISON, WENDELL D.                  317 RIVEREDGE BLVD                  COCOA FL 32922</b>	10. Name and Address of New Registered Agent 81 Name 82 Street 83 84 City 85 Zip Code
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 <b>FL</b>	85 Zip Code
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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 *Vicki Schreiber* **VICKI SCHREIBER** *4/29/97*  
 Signature typed or printed name of registered agent and title if applicable **ASST VICE PRESIDENT** DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME, STREET ADDRESS, CITY-STATE-ZIP
1. DV	BUCHANAN, MARK S 317 RIVER EDGE BLVD. COCOA FL
2. DP	HARRISON, WENDELL D 317 RIVEREDGE BLVD COCOA FL
3. DV	CLARK, GLENN W 501 CARR ROAD WILMINGTON DE
4. D	CASTELLI, MIKE C/O A.I.G. 88 JOHN STREET NEW YORK NE
5. D	CORNELL, KEN C/O A.I.G. 70 PINE STREET NEW YORK NE
6. S	TUCK, ELIZABETH M 501 CARR ROAD WILMINGTON DE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

*400002160134--5*  
*-04/30/97--01043--029*  
*\*\*\*\*173.75 \*\*\*\*173.75*

*TUCK, Elizabeth M.*  
*70 Pine Street*  
*New York, NY 10270*

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: *Wendell Harrison* **Wendell Harrison** *1/3/97* (407)631-4055 ex108  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)