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Feb 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K48246 (8)

1. Corporation Name:  
INSURANCE WORLD OF BROWARD COUNTY, INC.

Principal Place of Business:  
628 WEST KING STREET  
COCOA FL 32922

Mailing Address:  
832 N DIXIE HWY  
LAKE WORTH FL 33460-2529  
US



3. Date Incorporated or Qualified 11/21/1988  
3a. Date of Last Report 02/27/1996

|                                |  |                        |  |  |  |  |  |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 4. FEI Number 65-0082525                               |  | Applied For  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  |  |  | Not Applicable   |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired                       |  | <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution |  | <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 24 Country                     |  | 29 Country             |  | 30   |  | 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

DOBRY, HAL  
10 MARTINIQUE COVE  
PB GARDENS FL 33418

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | P <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ENLOW, LOWELL M.                             | 1.2 NAME  |   |
| STREET ADDRESS             | 234 MARIAH COURT                             | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MERRITT ISLAND FL                            | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VP <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SMITH, STEPHEN M.                            | 2.2 NAME  |   |
| STREET ADDRESS             | 1147 N HALIFAX DR.                           | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DAYTONA BEACH FL                             | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VP <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MALONE, JAMES M.                             | 3.2 NAME  |   |
| STREET ADDRESS             | 2635 DUPONT AVE.                             | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | JACKSONVILLE FL                              | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | T <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DOBRY, HAL                                   | 4.2 NAME  |   |
| STREET ADDRESS             | 10 MARTINIQUE COVE                           | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | PB GARDENS FL                                | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | S <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LUCAS, STEVEN W.                             | 5.2 NAME  |   |
| STREET ADDRESS             | 214 TIMBERCOVE CIR.                          | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | LONGWOOD FL                                  | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VP <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HAZY, VICTOR                                 | 6.2 NAME  |   |
| STREET ADDRESS             | 6025 NW 58TH PL                              | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | GAINESVILLE FL                               | 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)