

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K48383 (9)
 1. Corporation Name
COUNTRYWIDE TRUCK INSURANCE AGENCY, INC.



Principal Place of Business 11844 "O" STREET OMAHA NE 68137	Mailing Address 1450-C ENEA CIR. STE. 500 CONCORD CA 94520-5212
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1988	3a. Date of Last Report 07/02/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0087930		Applied For <input type="checkbox"/> 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 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOWRY, EVA M. 000 RIALTO PLACE SUITE 600 MELOURNE FL 32901		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 100 Rialto Place	
83		84 City Melbourne	
		85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULKERSON, DAVID L.	1.2 NAME	
STREET ADDRESS	11844 "O" STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE 68137	1.4 CITY - ST - ZIP	
TITLE	SVD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCI, BRUCE A.	2.2 NAME	
STREET ADDRESS	1450-C ENEA CIRCLE, #500	2.3 STREET ADDRESS	
CITY - ST - ZIP	CONCORD CA	2.4 CITY - ST - ZIP	Concord, CA 94520
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, DEBRA D.	3.2 NAME	
STREET ADDRESS	11844 "O" STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE 68137	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLER, RICHARD J.	4.2 NAME	
STREET ADDRESS	11844 "O" STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE 68137	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	James H. Ryan
STREET ADDRESS		5.3 STREET ADDRESS	1450-C Enea Circle, Suite 500
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Concord, CA 94520
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Thomas M. Thie
STREET ADDRESS		6.3 STREET ADDRESS	1450-C Enea Circle, Suite 500
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Concord, CA 94520

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:  **Bruce A. Ricci** 4/16/97 (510) 680-8630
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/96)