1/07/97

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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(((H9700000343 B)))

DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: MACFARLANE AUSLEY II (CLEARWATER)

ACCT#: 071005001001

CONTACT: BARBARA VINTON PHONE: (813)441-8966

FAX #: (813)442-8470

NAME: THE INSURANCE CENTER, INC.

AUDIT NUMBER...... H97000000343 DOC TYPE..... BASIC AMENDMENT

CERT. OF STATUS..0

PAGES....

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Corgania- musei,

January 7, 1997

THE INSURANCE CENTER, INC.
325 N FEDERAL HWY
BOYNTON BCH, FL 33435US

SUBJECT: THE INSURANCE CENTER INC.

SUBJECT: THE INSURANCE CENTER, INC. REF: K57538

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number:

The FAX audit number must be on the top and bottom of each page of the document.

The date of adoption of each amendment must be included in the document:

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6902.

Linga Stitt Corporate Specialist

FAX Aud. #: H97000000343 Letter Number: 297A00000825 January 8, 1997

THE INSURANCE CENTER, INC. 325 N FEDERAL HWY BOYNTON BCH, FL 33435US

SUBJECT: THE INSURANCE CENTER, INC. SUBJECT: I'me A... REF: K57538

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-Auga Stitt
Corporate Specialist
Letter Number School St. Letter Number: 897A00001001

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF THE INSURANCE CENTER, INC.

FILED

97 JAN -9 PM 3: 49

SECRETARY OF STATE

- The name of the corporation is THE INSURANCE CENTER, FINCULA
- Article V, entitled "PreEmptive Rights Granted" is hereby deleted, in its entirety.
- This amendment was approved by Written Action of shareholders, in lieu of a meeting, owning and holding sufficient shares necessary for approval of such action, such Written Action deted July 16, 1996. 3.

IN WITNESS WHEREOF, the undersigned President of this corporation has executed these Articles of Amendment this 23 day of _ Nor , 1996.

ATTEST:

Charles S. Watson, President

STATE OF FLORIDA COUNTY OF Palue Bch

I HEREBY CERTIFY, that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, CHARLES S. WATSON, as president of THE INSURANCE CENTER, INC., to me personally known to be the individual described in and who executed the foregoing instrument or who has produced as identification and who did take an oath and he acknowledged before me that he executed the same for the purposes therein expressed and in the capacity so stated.

WITNESS my hand and official seal at County and State, this 22 day of More _, said , 1996.

> Print Name Dickey Notary Public BOENSTEIN

My Commission Expires:

Prep. By: J. Paul Raymond, Esquire P. O. Box 1669 Clearenter, FL 34617 (813) 441-8966 Fla. Bar No. 169268

Fax Audit No. H9700000343

1/07/97

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

3:20 PM

(((H9700000342 0)))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: MACFARLANE AUSLEY II (CLEARWATER)
CONTACT: BARBARA VINTON

ACCT#: 071005001001

PAX #: (813)442-8470

PHONE: (813)441-8966

NAME: THE INSURANCE CENTER, INC.

AUDIT NUMBER..... H9700000342 DOC TYPE..... BASIC AMENDMENT

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Corpanno-moei Linda

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January 7, 1997

THE INSURANCE CENTER, INC. 325 N FEDERAL HWY BOYNTON BCH, FL 33435US

SUBJECT: THE INSURANCE CENTER, INC. REF: K57538

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6902

Linda Stitt Corporate Specialist FAX: Aud. #: H97000000342 Letter Number: 197A00000825 January, 8, 1997

THE INSURANCE CENTER, INC. 325 N FEDERAL HWY BOYNTON BCH, FL 33435US

SUBJECT: THE INSURANCE CENTER, INC.

REF: K57538

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If you have any questions concerning the filing of your document, please call (904) 487-6902.

Linda Stitt Corporate Specialist FAX Aud. #: H9700000342 Letter Number: 097A00001001 ARTICLES OF AMERIMENT TO ARTICLES OF INCORPORATION OF THE INSURANCE CENTER, INC.

FILED 97 JAN -9 PM 3: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

- 1. The name of the corporation is THE INSURANCE CENTER, INC.
- 2. Article XIX, entitled "Cumulative Voting" is hereby deleted, in its entirety, and the following language is inserted in lieu thereof:

"The shareholders of the Corporation reserve the right to adopt, amend, or delete the Bylaws of the Corporation and to adopt, amend or delete any Bylaw that fixes a greater voting requirement for shareholders than would otherwise be required by Florida law provided, however, that the adoption, amendment or deletion of a bylaw that adds, changes, or deletes any bylaw which provides that any matter requiring shareholder approval or action must be approved or acted upon by a vote of the shareholders greater than that otherwise required by Florida law may only be adopted, amended, or deleted by the same vote required to approve or act on the matter then in effect or as proposed, whichever is the greater."

3. This amendment was approved by Written Action of shareholders, in lieu of a meeting, owning and holding sufficient shares necessary for approval of such action, such Written Action dated July 16, 1996.

IN WITNESS WHEREOF, the undersigned President of this corporation has executed these Articles of Amendment this 23 day of Nov. , 1996.

ATTEST:

Pamela M. McVeigh, Secretary

Charles S. Watson, President

STATE OF FLORIDA COUNTY OF John Bole

I HEREBY CERTIFY, that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, CHARLES S. WATSON, as President of THE INSURANCE CENTER, INC., to me personally known to be the individual described in and who executed the foregoing instrument or who has produced as identification and who did take an oath and he acknowledged before me that he executed the same for the purposes therein expressed and in the capacity so stated.

WITNESS my hand and official seal at County and State, this 23 day of 1000, 1996.

Prep. By: J. Paul Raymond, Esquira P. O. Box 1669 Clearwater, FL 34617 (813) 441-8966 Fla. Bar No. 169268

Fax Audit No. H9700000342

. ... *

Print Name Worky Porntein

My Commission Expires:

