FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K57538** **(6)**

1. Corporation Name

THE INSURANCE CENTER, INC.

Principal Place of Business	Mailing Address
1015 S CONGRESS AVE WEST PALM BEACH FL 33406	1015 S CONGRESS AVE WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified: **01/11/1989**
3a. Date of Last Report: **03/07/1995**

4. FEI Number: **65-0100615** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 325 N Federal Hwy	26 325 N. Federal Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Boynton Beach fl	City & State 28 BOYNTON Beach fl
Zip 24 33435 Country 25 USA	Zip 29 33435 Country 30 USA

9. Name and Address of Current Registered Agent

WATSON, CHARLES S
1015 S CONGRESS AVE
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 325 N federal Hwy

83

84 City Boynton Beach FL 85 Zip Code 33435

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	WATSON, CHARLES S.		12 NAME		
STREET ADDRESS	1015 S CONGRESS AVE		13 STREET ADDRESS	325 N. federal Hwy	
CITY-ST-ZIP	WEST PALM BEACH FL		14 CITY-ST-ZIP	Boynton Beach fl 33435	
TITLE	STD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	MCVEIGH, PAMELA M.		22 NAME		
STREET ADDRESS	1015 S CONGRESS AVE		23 STREET ADDRESS	325 N. Federal Hwy	
CITY-ST-ZIP	W PALM BEACH FL		24 CITY-ST-ZIP	Boynton Beach, fl 33435	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Pamela M McVeigh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 (407)732-7702
DATE Daytime Phone #