

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **K70088** (5)
1. Corporation Name
P & C INSURANCE SYSTEMS, INC.



Principal Place of Business 8764 SW. 8TH STREET MIAMI FL 33174 US	Mailing Address 8764 S.W. 8TH STREET MIAMI FL 33174 US
---	--

DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 03/03/1989	
				4. FEI Number 65-0102150	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CONDE, PABLO M. 8762 SW 8TH STREET MIAMI FL 33174				10. Name and Address of New Registered Agent			
				81 Name Conde, Pablo M.			
				82 Street Address (P.O. Box Number is Not Acceptable) 8764 SW. 8th			
				83			
				84 City MIAMI FL 85 Zip Code 33174			

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 *Pablo M Conde* **Pablo M Conde President** **4/22/98**
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		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONDE, PABLO M.			12 NAME			
STREET ADDRESS	8764 S.W. 8TH STREET			13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			14 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I 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 *Pablo M Conde* **Pablo M Conde President** **4/22/98** **305-220-7440**

CR2E034 (10/97)