

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L25721** (6)
1. Corporation Name
UNISOURCE INSURANCE COMPANY

Principal Place of Business 3829 HOLLYWOOD BLVD. SUITE C HOLLYWOOD FL 33021 US	Mailing Address 3829 HOLLYWOOD BLVD. SUITE C HOLLYWOOD FL 33021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/27/1989	
				4. FEI Number 65-0158251	
				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 INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SOUTAR, JACK H.			1.2 NAME	DEAN C. FULTON		
STREET ADDRESS	9175 N. BAYSHORE DRIVE			1.3 STREET ADDRESS	7541 BRISTOL LANE		
CITY-ST-ZIP	MIAMI SHORES FL			1.4 CITY-ST-ZIP	PARKLAND FL 33067		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YORK, WOODY N			2.2 NAME	THOMAS J. MAWN		
STREET ADDRESS	1223 ROXMERE RD			2.3 STREET ADDRESS	3915 VERSAILLES DRIVE		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	TAMPA FL 33634		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHEUREN, JOHN P.			3.2 NAME			
STREET ADDRESS	1392 MONTEREY BLVD NE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROTHER, JAMES E.			4.2 NAME			
STREET ADDRESS	3535 SHIRLEY ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	WALKERTOWN NC			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADIO, RALPH R.			5.2 NAME			
STREET ADDRESS	2514 HOLLYWOOD BLVD #406			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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: *Ralph R. Madio* 3-31-98 934-966-2116

CR2E034 (10/97)