

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 # **L84872** (5)

1. Corporation Name

CARDINAL INSURANCE SERVICES, INC.



Principal Place of Business

**%MICHAEL S. BARRANCO
656 TAM COURT
WINTER SPRINGS FL 32708**

Mailing Address

**%MICHAEL S. BARRANCO
656 TAM COURT
WINTER SPRINGS FL 32708**

3. Date Incorporated or Qualified
06/29/1990

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARRANCO, MICHAEL S.
656 TAM COURT
WINTER SPRINGS FL 32708**

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

Signature of authorized officer, director, agent, or trustee of the corporation

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 5. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 6. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 7. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 8. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 9. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 10. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 5. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 6. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 7. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 8. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 9. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 10. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL S. BARRANCO

1/31/96 (40) 6896421

CR2E034 (12/95)