
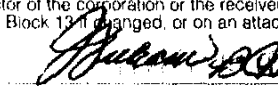


4-21-97 B 4988 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L92193 (6)			
1. Corporation Name ASSURED ADMINISTRATORS, INC.			
Principal Place of Business 1525 S. ANDREWS AVENUE SUITE B FORT LAUDERDALE FL 33316 US		Mailing Address 328 ISLE OF CAPRI FT. LAUDERDALE FL 33301-2406	
2. Principal Place of Business		3. Date Incorporated or Qualified 08/06/1990	
21. SAME		3a. Date of Last Report 03/08/1996	
22. Suite, Apt. #, etc.		4. FEI Number 65-0212194	
23. City & State		Applied For Not Applicable	
24. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26. 656 CASCADE FALLS DR.		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27. Suite, Apt. #, etc.			
28. WESTON - FL.			
29. 33327			
30. BROWARD			
9. Name and Address of Current Registered Agent HOUZE, WILLIAM B. 328 ISLE OF CAPRI FT. LAUDERDALE FL 33301		10. Name and Address of New Registered Agent	
		81. Name WILLIAM B. HOUZE	
		82. Street Address (P.O. Box Number is Not Acceptable) 656 CASCADE FALLS DR.	
		83.	
		84. City WESTON	
		85. Zip Code 33327	
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, 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 NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
P HOUZE, WILLIAM B. 328 ISLE OF CAPRI FT. LAUDERDALE FL		PRESIDENT - HOUZE, Wm. 656 CASCADE FALLS DR. WESTON, FL. 33327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
VS HOUZE, PAMELA L. 328 ISLE OF CAPRI FT. LAUDERDALE FL		SECRETARY - HOUZE, PAMELA 656 CASCADE FALLS DR. WESTON, FL. 33327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do 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:  WILLIAM B. HOUZE 4-14-97 954-522-6667 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)