

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McPham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M57548

1. Corporation Name
A-BEST Florida Insurance Inc.

Principal Place of Business

Mailing Address

8017 W. Sample Rd
Coral Springs, Fl. 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8017 W Sample Rd	25 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Coral Springs Fl	28 City & State
24 Zip 33065	29 Zip
25 Country Broward	30 Country

3. Date Incorporated or Qualified	4. FEI Number	Applied For
8/87	65-007526	Not Applicable
5. Certificate of Status Desired	5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Election Campaign Financing	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	Trust Fund Contribution	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. This corporation owes or has paid the current year Intangible	8. This corporation owes or has paid the current year Intangible	Personal Property Tax due June 30.
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent
SANDER G. Sokoloff
9182 Long Lake Palm Drive
Boca Raton, Fl. 33496

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 for 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 agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE:  SANDER G. Sokoloff 2/18/98

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.1 TITLE
1.2 NAME	1.2 NAME
1.3 STREET ADDRESS	1.3 STREET ADDRESS
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
2.1 TITLE	2.1 TITLE
2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
3.1 TITLE	3.1 TITLE
3.2 NAME	3.2 NAME
3.3 STREET ADDRESS	3.3 STREET ADDRESS
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
4.1 TITLE	4.1 TITLE
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 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 I am listed on an attachment with an address.

SIGNATURE:  SANDER G. Sokoloff 2/18/98 (954) 340-3376

CR2E034 (10/97)