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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22403** (2)

1. Corporation Name

PROFESSIONAL INSURANCE AGENTS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 947652
STE 5
MAITLAND FL 32794-652
US

POST OFFICE BOX 947652
STE 5
MAITLAND FL 32794-652
US

3. Date Incorporated or Qualified

09/09/1987

4. FEI Number

59-2979010

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 561610

26 P.O. Box 561610

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando FL

28 Orlando FL

24 Zip

25 Country

29 Zip

30 Country

32856

USA

32856

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERMAN, RONALD N
770 DELTONA BLVD. STE B
STE 5
DELTONA FL 32725

81 Name

Warren Foley

82 Street Address (P.O. Box Number is Not Acceptable)

5385 Conroy Rd., #102

83

84 City

Orlando

FL

85 Zip Code

32811

11. Pursuant to the provisions of Sections 617.0501 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-16-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, RONALD N	
STREET ADDRESS	770 DELTONA BLVD. STE B	
CITY-ST-ZIP	DELTONA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOLEY, WARREN L	
STREET ADDRESS	3723 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLMWOOD, VINCE	
STREET ADDRESS	5086 NORTH LANE	
CITY-ST-ZIP	ORLANDO FL 32808-2106	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEORGI, SAM	
STREET ADDRESS	407 LAKE HOWELL RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	YEARICK, BILL	
STREET ADDRESS	1790 PERUVIAN LANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Warren Foley	
1.3 STREET ADDRESS	5385 Conroy Rd., #102	
1.4 CITY-ST-ZIP	Orlando FL 32811	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ron Silverman	
2.3 STREET ADDRESS	770 Deltona Blvd., # B	
2.4 CITY-ST-ZIP	Deltona, FL 32725	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ed Langston	
3.3 STREET ADDRESS	500 E. Highway 436., #16	
3.4 CITY-ST-ZIP	Casselberry, FL 32707	
4.1 TITLE	Bill Yearick	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1790 Peruvian Lane	
4.3 STREET ADDRESS	Winter Park FL 32792	
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Randy Smith	
5.3 STREET ADDRESS	5425 S. Semoran Blvd.	
5.4 CITY-ST-ZIP	Orlando, FL 32822	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WARREN L FOLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015561

CR2E037 (10/97)