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PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P20468

(5)

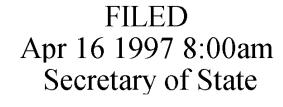
FINANCIAL INSURANCE SERVICES, INC. OF RHODE ISLA

Principal Place of Business
6 BLACKSTONE VALLEY PL
SUITE #301
LINCOLN RI 02885

Mailing Address

6 BLACKSTONE VALLEY PL SUITE #301

LINCOLN RI 02865-1112





3a. Date of Last Report

3. Date Incorporated or Qualified

							08/11/1988	11/1988 04/09/1996			
2. Principal Place of Business			2a. Ma	2a. Mailing Address			4. FLI Number		pplied For	1	
21			26	26			05-0388554		N	ot Applicable	
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	1
22			27				O. Certificate of Status Desired	L	Fee Re	equired	.]
City & State			Cit	City & State			6. Election Campaign Financing			May Be	1
23	3			Zip Country			Trust Fund Contribution				
Zi	þ	Country 25		1	Country 30	1	8. This corporation has liability			;. 199.032,	
24				[29]			Florida Statutos X Yes No 10. Name and Address of New Registered Agent				
ļ		Name and Address of Cu	rrent Hegistere	a Agent	81	1 810	10. Name and Address of New	Hegistered	Agent		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324						1 Name					
						82 Street Address (P.O. Box Number is Not Acceptable)					
					83	83					
					84	City			85 Zip	Code	┨
								FL			
11. F	Pursuant to the p	provisions of Sections 607.	0502 and 607.1	508, Florida Statut	es, the above	e-named corp	poration submits this statement for the tition's board of directors. I hereby ac	e purpose o	f changing i	ts registered	7
È	agent. I am famil	liar with, and accept the of	oligations of, Se	ction 607.0505, Fix	prida Statute	у по согрога 8.	inore board or anectors. Thereby ac	copi ine app	ionunion as	registered	
SIGN	IATURE										
	Signature	s, lyped or pented name of registeres			L Registerco Age	ont signature requ	ired when reinstating)	DATE			
12.		OFFICERS	AND DIRECTO		13.		ADDITIONS/CHANGES TO O	FICERS AND			18
TITLE	PTD	en Labouro		DETETE	1.1 1171.6				Charige	Addition	Į
NAME	PAUL	LEY, LARRY G.			1.2 NAME	ļ					15
STREET		ACKSTONE VALLEY PL	ACE #301		1.3 \$7REE1	ADDRESS					ľ
CITY-S		OLN RI 02865			1.4 CITY - S	11-21P					_[8
TITLE	SD			DELF1E	2.1 TITUE				Change	Addition	19
NAME		ONNELL, WILLIAM H.			2.2 NAME						1
STAEET		ACKSTONE VALLEY PL	ACE #301		2.3 \$1REF1	ADDRESS					l
CITY-S	T-ZIP LINC	OLN RI 02865			2 4 CITY-	S1-ZIP				· · · · · · · · · · · · · · · · · · ·	
TITLE				DELETE	3 1 717 LE				Change	Addition	Į
NAME		enska, steven	_	-	3.2 NAME						
STREET		ackstone valley pl	ACE #301		3.3 \$1RECT	ADDRESS					Į
CITY-5	ST-ZIP LINC	OLN RI 02865			3.4. C/TY-1	ST - ŽIC					
TITLE	V			X DELETE	4.1 TITLE				Change	Addition]
NAME		n, david		, ,	4. 2 NAME						
STREET		34th Street N. Ste 2	201		4.3 STREET	ADDRESS (ļ
CITY - S	T-ZIP ST P	ETERSBURG FL 33713			4.4 09Y-S	1-7IP	•				j
TITLE				DECETE	5.1 TITLE				Change	Addition	1
NAME	1				5.2 NAME						
STREET	ADDRESS				5.3 S1REET	AUDRESS	·				1
CITY-S	I				5.4 CITY - S	1- <i>2</i> (r					1
TITLE				DELETE	G.1 TITLE				Change	Addition	1
NAME]				6.2 NAME	1					ļ
STREET	ADDRESS				6.3 STREET	ADDRESS					1
DITY-S	T-ZIP				6.4 CHY-S	0-7IP	•				
14.	do hereby certi	fy that the information sup	olicd with this fil	ing does not qualit	fy for the exe	rnption state	d in Section 119.07(3)(i), Florida Sta	utes. I furthe	r certify that	the	1
ir ! e	ntormation indic- am an officer or appears in Block	ated on this annual report r director of the corporation c12 or Block 15 if changed	or supplementa n or the receiver t, er on ap attac	rannual report is to or fruster empow thmont with an ade	ruc and accu rered to exec ⊁ress.	urate and tha oute this repo	o in Section 119.07(3)(i), Florida Sta t my signature sha'l have the same l rt as required by Chapter 607, Florid	egal offect as la Statules; a	if made un nd that my r	der oath; tha name	1