

**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 # **P 31892**

1. Corporation Name  
**MERRILL LYNCH INSURANCE GROUP SERVICES, INC.**

Principal Place of Business: **4804 DEER LAKE DRIVE E 4th FL JACKSONVILLE, FL 32246 US**  
Mailing Address: **P O BOX 44222 #400 JACKSONVILLE, FL 32231-4222 US**

3. Date Incorporated or Qualified: **11/26/1990**  
3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **59-3032659**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]  
2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324**

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, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BORKOWSKI, CHARLES JR	
STREET ADDRESS	4804 DEER LAKE DRIVE E	
CITY-STATE-ZIP	JACKSONVILLE, FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BARTOY, TRACY	
STREET ADDRESS	4804 DEER LAKE DRIVE E	
CITY-STATE-ZIP	JACKSONVILLE, FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DYSON, EILEEN	
STREET ADDRESS	4804 DEER LAKE DRIVE E	
CITY-STATE-ZIP	JACKSONVILLE, FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOUCHER, ROBERT	
STREET ADDRESS	1414 MAIN STREET	
CITY-STATE-ZIP	SPRINGFIELD, MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THATCHER, THOMAS	
STREET ADDRESS	4804 DEER LAKE DRIVE E	
CITY-STATE-ZIP	JACKSONVILLE, FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GINZIG, RANDALL	
STREET ADDRESS	4804 DEER LAKE DRIVE E	
CITY-STATE-ZIP	JACKSONVILLE, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	<b>V JOYNER, DIANA</b>
15. STREET ADDRESS	<b>1414 MAIN STREET</b>
16. CITY-STATE-ZIP	<b>SPRINGFIELD, MA</b>

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\*\*\*200.00**

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: *Tracy Bartoy*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TRACY BARTOY**

4/24/96 (904) 928-7105  
SC 5-1-96

CR2E034 (12/95)