SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000011977 (4)

1. Corporation Name

South Florida Insurance, Inc.

Principal Place of Business
5975 Sunset Drive
PH 802
South Miami, Fl. 33143

Mailing Address
Same

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 1995

2. Principal Place of Business
21
Suite Apt # etc
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt #, etc
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0394590
Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

Hoffman, Robert M., Esq.
, 5975 Sunset Dr.,PH 802
South Miami, Florida 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 617.1505 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is authorized by its corporations board of directors to file this statement to change its registered agent. I am familiar with and accept the duties and responsibilities of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

Title	D	[ ] DELETE
Name	McLellan, Anthony	
Street Address	17994 SW 97 Avenue	
City St Zip	Miami, Florida 33157	
Title	D	[ ] DELETE
Name	Alenier, Charles Dr.	
Street Address	17994 SW 97 Avenue	
City St Zip	Miami, Florida 33157	
Title	D	[ ] DELETE
Name	Wood, Christopher	
Street Address	17994 SW 97 Avenue	
City St Zip	Miami, Florida 33157	
Title	D	[ ] DELETE
Name	Summers, Jerome Dr.	
Street Address	17994 SW 97 Avenue	
City St Zip	Miami, Florida 33157	
Title		[ ] DELETE
Name		
Street Address		
City St Zip		
Title		[ ] DELETE
Name		
Street Address		
City St Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title		[ ] Change [ ] Add
Name		
Street Address		
City St Zip		
Title		[ ] Change [ ] Add
Name		
Street Address		
City St Zip		
Title		[ ] Change [ ] Add
Name		
Street Address		
City St Zip		
Title		[ ] Change [ ] Add
Name		
Street Address		
City St Zip		
Title		[ ] Change [ ] Add
Name		
Street Address		
City St Zip		
Title		[ ] Change [ ] Add
Name		
Street Address		
City St Zip		

300001901153
-07/23/96--01026--003
***225.00

14. [illegible]

SIGNATURE: Dr. Jerome Summers, Director 7/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. JEROME SUMMERS

1-22-96

CR2E034 (3/96)