FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996	10 m
DOCUMENT #	P9300

0035479 (3)

1. Corporation	STORS INSURANCE GROUP	P. INC												
Principal Place	of Business	Ma	iling Address						484 (N)40 88(4) 8		A DISAL ALI			
3030 HART	LEY RD		3030 HARTLEY RD											
STE 390 JACKSONV	/ILLE FL 32257		STE 390 JACKSONVILLE FL 3	22257										
US	THE VE VEED		US	16231			<u> </u>	3. Date Incorporated	or Qualified	3a. Dat	e of Las	t Report		
								05/11/1993	}			/1995		
	ace of Business	2a.	Mailing Address	• • • • • • • • • • • • • • • • • • • •	******			I. FEI Number				Applied For		
21	21 26							13-2574130				Not Applicable		
Suite, Apt.	#, etc.	L,	Suite, Apt. #, etc.				\$8.75 Additional							
22		27						. Certilicate of Statu	s Desireo			e Required		
City & State	•	the same	City & State	ty & State			6	. Election Campaign	Financing	<u></u>	\$5	.00 May Be		
Zip	Country	28					Trust Fund Contribution			Added to Fees				
24	25		Ζip		intry	•	8. This corporation has liability		as liability for	or intangible tax under s. 199.032,				
[54]	9. Name and Address of Current	29 Registe	prod Agent	30	ı			Florida Statutes		12No				
					81	Name	1), Name and Addre	SS OT NEW F	tegistered	Agent			
PARKE	ER, MELVIN C					Haire								
	V CAMINO REAL				82	Street A	ddress (P.O. Box Number is N	lot Acceptab	ole)				
	RATON FL 33433				83									
					84	1 '				FI		Zip Code		
11. Pursuant to	o the provisions of Sections 607.0502 a ad agent, or both, in the State of Florida h, and accept the obligations of Section	ind 607	1508, Florida Statute	es, the abo	ve·r LT	named cor	poration	submits this stateme	nt for the pu	roose of cha	anging it	s registered office		
familiar witi	au agent, or both, in the State of Florida h, and accept the obligations of, Sectio	i. Such i n 607.0:	change was authorize 505. Florida Statutes	ed by the d	corpo	oration's b	poard of	directors. I hereby acc	cept the app	ointment as	register	red agent. I am		
	Signature, typed or printed name of registered each; a	o tde if ap	oluable (NO	Ta: Registered	Aper	it signature rec	pured when	roinstating)		DATE				
12.	OFFICERS AND	DIRECT	ORS	13.				ADDITIONS/CHANG	SES TO OFF	ICERS AND	DIREC	TORS IN 12		
	PARKER, MELVIN C		DELETE	1. 1 Ti			$\sim V_{\rm P}$	ce fresidi an F. Pi 30 Hart Koonville	entes	ecretary[_] Chang	e 🖸 Addition		
NAME STREET ADDRESS	7200 W CAMINO REAL			1 2 N/			Sus	an F. Pa	well	. ,				
STREET ADDRESS	BOCA RATON FL			1351	REET	ADDRESS	30:	30 Hart	ley Ro	oad				
CITY-ST-ZIP TITLE	D		Filester	1.4 C1		T-ZiP	Zack	Ksanville	JFL	3	22 E	5 7		
NAME	HAYES, RONALD W		DELETE	2 1 1				•	,] Change	e 🔲 Addition		
	7200 W CAMINO REAL			2 2 NA										
STREET ADDRESS	BOCA RATON FL 33433			2 3 ST	REET.	ADORESS								
CITY-ST-ZIP TITLE	D		C) belete	2 4 CI] - ZIP	····							
NAME	GOEBERT, DONALD F		DELFTE	3.11!] Change	e 🗀 Addition		
STREET ADDRESS	615 WILLOWBROOK LANE			3 2 NA										
CITY-ST-ZiP	WEST CHESTER PA 19382					ADDRESS								
TITLE	D		["] DELETE	3 4 E(T - ZIP	·							
NAME	PALMARELLA, ERNEST D		[] bettie	4.1 11		-] Change	e 🔲 Addition		
STREET ADDRESS	310 BLDG. 2 RADNOR CORF	. CTR		42 NA		AD Cope Co								
CITY-S1-ZIP	RADNOR PA 19087					ADDRESS								
TITLE	D		SELETE	4.4 CH 5 1 TF		1-211		יינונוב.	1197	> -				
NAME	HOWARD, JACK L		*******	5 2 NA				-05/15/9	36010	739n	ታ u nan ge ንግ	e 🔲 Addition		
STREET ADDRESS	2927 MONTECITO AVE					ADDRESS		***200.0		01	- 1	ļ		
CITY-ST-ZIP	SANTA ROSA CA 95404							<i>ጥጥሚ</i> ሀሀ .	,,,					
TITLE			DELETE	5 4 CIT 6 1 7 II		- 20					7 Chance			
NAME			Cont	6.2 NA						L] Change	Addition		
STREET ADDRESS						ADDRESS						į		
CITY-ST-7IP				03311	oct i P	n./Une33								

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 chapged, or on an attantance with an address.

SIGNATURE: _

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