

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000045806 (5)

1. Corporation Name

PROFESSIONAL INSURANCE EDUCATION, INC.



Principal Place of Business	Mailing Address
2041 W SR 434 SUITE 400 LONGWOOD FL 32779	2041 W SR 434 SUITE 400 LONGWOOD FL 32779-4415

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2150 Suffield Dr.		26 PO Box 430		06/24/1993		04/16/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3193810		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Winter Park FL		28 Winter Park FL		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 32712	25 Orange	29 32710	30 ORANGE	<input type="checkbox"/>		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANSEN, ANN 2041 W SR 434 SUITE 400 LONGWOOD FL 32779				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2150 Suffield Dr.			
				83			
				84 City			
				Winter Park FL			
				85 Zip Code			
				32712			
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			
Ann E. Hansen				1/13/97			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYEA, RAYMOND F JR	1.2 NAME	
STREET ADDRESS	5207 S ATLANTIC AVE #1025 1026	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RICHARD O	2.2 NAME	
STREET ADDRESS	2041 W SR 434 SUITE 400	2.3 STREET ADDRESS	1184 Butternutwood Cr.
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	PSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, ANN	3.2 NAME	
STREET ADDRESS	2041 W SR 434 SUITE 400	3.3 STREET ADDRESS	2150 Suffield Dr.
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Winter Park FL 32712
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRENKER, JOHN	4.2 NAME	
STREET ADDRESS	3404 CALUMET DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	
SIGNATURE: Ann E. Hansen	
DATE: 1/13/97	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Ann E. Hansen	
DATE: 1/13/97	
DAYTIME PHONE: 407-678-8945	

CR2E034 (9/96)