


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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000073935 (7)

1. Corporation Name  
PRIME INSURANCE AGENCY, INC.



Principal Place of Business 5801 S DIXIE HWY WEST PALM BEACH FL 33405	Mailing Address 5801 S DIXIE HWY WEST PALM BEACH FL 33405-3630
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1993		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0442670		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SOTILLO, M M 5801 S DIXIE HWY WEST PALM BEACH FL 33405				10. Name and Address of New Registered Agent			
				81 Name Donna M. Sotillo			
				82 Street Address (P.O. Box Number is Not Acceptable) 5801 S. Dixie Highway			
				83			
				84 City West Palm Beach FL			
				85 Zip Code 33405			

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 Donna M. Sotillo DATE 4/18/97  
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE D				1.1 TITLE Pres			
2. NAME SOTILLO, M M				2.1 NAME Donna M. Sotillo			
3. STREET ADDRESS 5801 S DIXIE HWY				3.1 STREET ADDRESS 5801 S. Dixie Highway			
4. CITY-ST-ZIP WEST PALM BEACH FL 33405				4.1 CITY-ST-ZIP West Palm Beach, FL 33405			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5. TITLE				5.1 TITLE			
6. NAME				6.1 NAME			
7. STREET ADDRESS				7.1 STREET ADDRESS			
8. CITY-ST-ZIP				8.1 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
9. TITLE				9.1 TITLE			
10. NAME				10.1 NAME			
11. STREET ADDRESS				11.1 STREET ADDRESS			
12. CITY-ST-ZIP				12.1 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
13. TITLE				13.1 TITLE			
14. NAME				14.1 NAME			
15. STREET ADDRESS				15.1 STREET ADDRESS			
16. CITY-ST-ZIP				16.1 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
17. TITLE				17.1 TITLE			
18. NAME				18.1 NAME			
19. STREET ADDRESS				19.1 STREET ADDRESS			
20. CITY-ST-ZIP				20.1 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 Donna M. Sotillo DATE 4/18/97 EX. 547-5784

CR2E034 (9/96)