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

Mailing Address

2212 E. OAKLAND PARK BLVD.

FT. LAUDERDALE FL 33306-1110

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

FT. LAUDERDALE FL 33306

STREEL ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address

CITY - ST - ZIP

2212 E. OAKLAND PARK BLVD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076993 (3)

INSURANCE STOP OF SOUTH FLORIDA, INC.

11/01/1993 10/21/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 65-0457389 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PENEGUY, CHRIS 2212 EAST OAKLAND PARK BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33306 83 84 City Zio 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. CHUSTOPHERT. PEWCON *irca* c SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 PRESIDENT/TREASURE Change Addition TITLE 1.1 TITLE PENEGUY, CHRIS 1.2 NAME NAME 2212 E OAKLAND PARK BLVD STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33306 CITY-ST-ZIE 1.4 CITY-ST-ZIP How Usellement / Sec. - DELETE Addition Change TITLE 2.1 TITLE IN EGAKIONO POR BUIL 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY: ST-ZIP 2 4 CITY-ST-ZIP TITLE 3.1 TITLE □ Спапое ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP □ DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-St-ZIE 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

> > CHAISTOPIPA T. BURELY V

14. I do hereby certify that the information supplied with this filling 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

FILED
May 08 1997 8:00am
Secretary of State

3a. Date of Last Report



3. Date incorporated or Qualified