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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000024209 (6)

1. Corporation Name

INGRID & ASSOCIATES INSURANCE, INC.



Principal Place of Business

2669 FOREST HILL BLVD
SUITE 220
WEST PALM BEACH FL 33406
US

Mailing Address

102 MAPLEWOOD DRIVE
W PALM BEACH FL 33415-1410

3. Date Incorporated or Qualified

03/25/1994

3a. Date of Last Report

08/02/1996

2. Principal Place of Business

21 450 So MILITARY TRAIL

2a. Mailing Address

26 450 So MILITARY TRAIL

Suite, Apt. #, etc.

22 SUITE F

Suite, Apt. #, etc.

27 SUITE F

City & State

23 WEST PALM BEACH, FL

City & State

28 WEST PALM BEACH, FL

Zip

24 33415

Country

25 PALM BEACH

Zip

29 33415

Country

30 P. BEACH

g. Name and Address of Current Registered Agent

DATENA, INGRID
102 MAPLEWOOD DRIVE
W PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

INGRID DATENA

82 Street Address (P.O. Box Number is Not Acceptable)

102 MAPLEWOOD DR

83

WEST PALM BEACH

84 City

FL

85 Zip Code

33415

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	DATENA, INGRID	
STREET ADDRESS	102 MAPLEWOOD DRIVE	
CITY-ST-ZIP	W PALM BEACH FL 33415	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DATENA, JOSE E	
STREET ADDRESS	102 MAPLEWOOD DRIVE	
CITY-ST-ZIP	W PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALBA DARINO	
1.3 STREET ADDRESS	2562 NORTH GARDEN DR	
1.4 CITY-ST-ZIP	CAFE WORTH, FLORIDA 33461	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-97 (561) 683 0711

CR2E034 (9/96)