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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089628 (9)

FILED May 09 1997 8:00am Secretary of State

1. Corporation Name AARGO INSURANCE GROUP, INC. Principal Place of Business 39 E PROSPECT RD FT LAUDERDALE FL 33309 Mailing Address 39 E PROSPECT RD FT LAUDERDALE FL 33334-1437									
						Date Incorporated or Qualified 12/12/1994		te of Last F 02/1996	Report
1	Place of Business	2a. Mailing Ad	dress	,		4. FEI Number			oplied For
Suite, Apt.	# etc	Suite, Apt.	# etc		······································	65-0544871			ot Applicable Additional
22	# , 6t6.	27	. *, 010.			5. Certificate of Status Desired	-[]		Additional equired
City & Stat	10	City & Stat	te		,	6. Election Campaign Financing		\$5.00	May Be
23		28		r 		Trust Fund Contribution			to Fees
Zip	Country	Zip		Counti	ry	8. This corporation has liability for		tax under s] No .	. 19 9.032,
24	25 9. Name and Address of Curr			30]	 	Florida Statutes 10. Name and Address of New Re			
KERSHAW, JAMES L				8	1 Name		-T		
264	1 N ANDREWS AVE			8:	2 Street Ac	Idress (P.O. Box Number is Not Accepta	ble)		
FT	LAUDERDALE FL 33311				<u> </u>				
				8	3				
				8	4 City		FL	85 Zip	Code
11. Pursuant office or agen). La	registered agent, or both, in the Sti am familiar with, and accept the ob	0502 and 607.1508, Flo ate of Florida, Such ch oligations of, Section 60	orida Statute nange was a 07.0505, Flo	es, the about authorized to orida Statuti	ve-named copy the corpores.	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of pt the app	ointment as	registered
11. Pursuant office or agent La SIGNATURE	Signature, typical or printed name of registered					orporation submits this statement for the ration's board of directors. I hereby acce quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
SIGNATURE	Signature 15,5ect or printed name of registered OFFICERS /	lagent and tille if applicable		E Registered A	gent signature rec	quired when reinstating)	DATE		
SIGNATURE 12. TITLE NAME	Signature hyperd or printed name of registered OFFICERS A D HUNTINGTON, PEGGY C	lagent and tille if applicable	(NOTE	E Rogistered A 13. 1.1 TITLE 1.2 NAME	gent signature red	quired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typed or printed name of registered OFFICERS / D HUNTINGTON, PEGGY C 39 E PROSPECT RD	lagent and tille if applicable	(NOTE	E Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent algnature re-	quired when reinstating)	DATE	DIRECTOR	RS IN 12
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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 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 curporation 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 inchanged, or on an attachment with an address.

SIGNATURE:

IONATURE AND TYPED OF PRINCHAINE OF SIGNING DEFICER OF SIRECTOR

954-351-7989

e Phone #