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Apr 23 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 # P95000030225 (3)			
1. Corporation Name SANCTUARY GENERAL INSURANCE INC.			
Principal Place of Business 4800 N. FEDERAL HWY. SUITE 205A BOCA RATON FL 33431		Mailing Address 4800 N. FEDERAL HWY. SUITE 205A BOCA RATON FL 33431-5176	
2. Principal Place of Business 21 2650 N. Military Trail Suite, Apt. #, etc. 22 Suite 300 City & State 23 Boca Raton, FL Zip 24 33431		2a. Mailing Address 26 2650 N. Military Trail Suite, Apt. #, etc. 27 Suite 300 City & State 28 Boca Raton, FL Zip 29 33431 Country 30 U.S.A.	
9. Name and Address of Current Registered Agent ARANA, SERGIO D 4800 N. FEDERAL HWY. SUITE 205A BOCA RATON FL 33431		10. Name and Address of New Registered Agent 81 Name ARANA, SERGIO D. 82 Street Address (P.O. Box Number is Not Acceptable) 2650 N. MILITARY TRIAL 83 SUITE 300 84 City BOCA RATON 85 Zip Code FL 33431	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARANA, SERGIO D 10399 CANOE BROOK CIRCLE BOCA RATON FL 33498	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P ARANA, SERGIO D. 4947 NW 23rd COURT BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERRETTA, SERGIO L. 6071 TOWN COLONY DRIVE SUITE 926 UNITS BOCA RATON FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 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 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 owner 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 addendum with an asterisk.			
SIGNATURE:  DEBBY HALE 4/15/97 (561) 994-9200			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)