


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

<p>PROFIT CORPORATION ANNUAL REPORT 1999</p>		<p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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FILED

93 JUL -6 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2426 Wilton Drive Wilton Manors, Florida 33305	2426 Wilton Drive

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 4/29/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0539201	Applied For <input checked="" type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name	Hector Trujillo
		82 Street Address (P.O. Box Number is Not Acceptable)	1800 N. Andrews Ave 4K
		83	
		84 City	Fort Lauderdale FL
		85 Zip Code	33311

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 reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl Grace	1.2 NAME	Heater Trujillo
STREET ADDRESS	1800 N. Andrews Ave	1.3 STREET ADDRESS	1800 N. Andrews Ave #4K
CITY-ST-ZIP	Fort Lauderdale, FL 33311	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311
TITLE	NY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Priest	2.2 NAME	
STREET ADDRESS	1106 N.E. 18 Ave Rear	2.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	4000029298748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	-07/13/99--01029--017
STREET ADDRESS		3.3 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/55
Date

954-~~764~~-3441
Daytime Phone #

CR2E034 (11/98)

Signal Insurance Group, Inc.
2426 Wilton Drive
Wilton Manors, Florida 33305

June 9, 1999

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

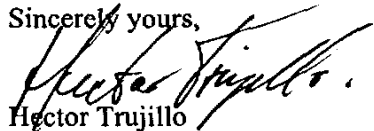
Allow this letter to serve as a notice to the Florida Department of State Division of Corporation that Signal Insurance did not receive 1999's annual report. Signal Insurance Group, Inc. recognized the lapse as the result of an internal audit.

Please allow Signal Insurance Group, Inc. to submit the 1999 annual report without the delinquent charge.

Within this mailing is a check in the amount of One hundred fifty dollars (\$150.00) for 1999.

I thank you in advance for your understanding regarding this matter. I remain;

Sincerely yours,



Hector Trujillo
President
of Signal Insurance Group, Inc.