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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082351 (4)

FILED May 13 1997 8:00am Secretary of State

COMPLETE INSURANCE SERVICES, INC. Principal Place of Business Mailing Address 2290 SOUTH STATE ROAD 7 MIRAMAR FL 33023-3057								
					 Date Incorporated or Qualified 10/26/1995 		e of Last R 1/1996	eporl
Principal P	lace of Business	2a. Mailing Address	····		4, FEI Number	1 210	·	plied For
		26			65-0645348			t Applicable
Suite Apt	# etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip	Coun	ntry	8. This corporation has liability for			199.032
	25	29	30			Yes [<u> </u>	
	9. Name and Address of Curre	ent Registered Agent		04 110000	10. Name and Address of New R	legistered A	gent	
	DOR, ROBET F]'	81 Name				
2290 S. ATATE ROAD 7			Ţ.	82 Street Add	dress (P.O. Box Number is Not Accepta	able)		
MITV	WAR FL 33023		}	83				
				64 City		FL	85 Zip	Code
office or r	egistered agent, or both in the Stat	te of Florida, Such change was	authorized	by the corpora	ation's board of directors. I hereby acce	ept the appo	intment as	registered
GNATURE	Standare typica or writed name of registered a	gent and title it applicable [NC	Ro OTE: Registered	belto f	rporation submits this statement for the ation's board of directors. I hereby according to the control of the c	DATE	497	
GNATUHE 2.	Standare typica or writed name of registered a	ger and title if applicable (NO ND DIRECTORS	DTE: Registered	BELTO F Agent signalure requ	BALOUR	DATE ICERS AND	997 DIRECTOR	RS IN 12
GNATURE L	Specifice typed or model day of registered a OFFICERS AI	gent and title it applicable [NC	DTE: Registered 13. 1.1 TIR	BEARD F Agent signature requ	Lifed when reinstaling)	DATE ICERS AND	497	RS IN 12
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. I further certify that the information inclicated 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 of 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 one and accurate with an address.

SIGNATURE:

MATURE AND TYPE OF PRINTED NAME OF BIONING OFFICER OR DIRECTOR

4/25/97 Date

(954)989-0400