


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

APPROVED
AND
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97 JUL 17 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000084127 (6)
1. Corporation Name
ALL-ECONOMY INSURANCE, INC.

Principal Place of Business 12807 NW 17TH AVENUE MIAMI FL 33054	Mailing Address 12807 NW 17TH AVENUE MIAMI FL 33167-2247
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1995	3a. Date of Last Report 09/18/1996
21	22	26	27	4. FEI Number 65-0619714	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAUL, MARC A 12807 NW 17TH AVENUE MIAMI FL 33054				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAUL, MARC A			1.2 NAME	800002245578--8		
STREET ADDRESS	700 NW 186TH DRIVE			1.3 STREET ADDRESS	-07/23/97--01113--011		
CITY-ST-ZIP	MIAMI FL 33169			1.4 CITY-ST-ZIP	****165.00 ****165.00		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TALAN, EDNNE			2.2 NAME			
STREET ADDRESS	700 NW 186TH DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VINCENT, HEROLD			3.2 NAME			
STREET ADDRESS	2179 NE 182ND STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33162			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ABDy Jean Baptiste			4.2 NAME	ABDy Jean-Baptiste		
STREET ADDRESS	1065 N.W. 113th ter			4.3 STREET ADDRESS	1065 N.W. 113th ter		
CITY-ST-ZIP	MIAMI, FL 33168			4.4 CITY-ST-ZIP	MIAMI, FL 33167		
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 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 REQUIRED **7/17/97**

CR2E034 (9/96)