

OCT. -23' 97 (THU) 13:13

MACFARLANE FERGUSON

TEL: 813 442 8470

P. 013

P95000089489

10/23/97

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

11:36 AM

((H97000017652 3))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4000

FROM: MACFARLANE AUSLEY II (CLEARWATER)  
CONTACT: PRISCILLA ADAMS  
PHONE: (813) 441-8966

ACCT#: 071005001001

FAX #: (813) 442-8470

NAME: INSURANCE MALL OF BOYNTON BEACH, INC.

AUDIT NUMBER.....H97000017652

DOC TYPE.....BASIC AMENDMENT

CERT. OF STATUS..0

CERT. COPIES.....0

PAGES..... 1

DEL.METHOD.. FAX

EST.CHARGE.. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX  
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

FILED  
97 OCT 23 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
97 OCT 23 PM 1:34  
DIVISION OF CORPORATIONS

Name  
Change  
10/23/97  
DC

OCT. -23' 97(THU) 13:13

MACFARLANE FERGUSON

TEL:8134428470

P. 014

Fax Audit No. H97000017652

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

FILED  
97 OCT 23 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I. Article I of the Articles of Incorporation  
INSURANCE MALL OF BOYNTON BEACH, INC. is hereby amended to read:

ARTICLE I

Name

The name of this corporation shall be:

APPLE INSURANCE MALL OF BOYNTON BEACH, INC.

II. The foregoing amendment was adopted by the unanimous  
vote of the shareholders and directors of this corporation on the  
10th day of September, 1997.

IN WITNESS WHEREOF, the undersigned President and  
Secretary of this corporation have executed these Articles of  
Amendment this 15<sup>th</sup> day of October, 1997.

  
Secretary, Pamela M. McLaughlin

  
President, Charles S. Watson

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I HEREBY CERTIFY, that on this day personally appeared before me, an  
officer duly authorized to administer oaths and take acknowledgments, CHARLES S.  
WATSON, as President of INSURANCE MALL OF BOYNTON BEACH, INC., to me personally  
known to be the individual described in and who executed the foregoing instrument  
or who has produced N/A as identification and who did take an oath  
and he acknowledged before me that he executed the same for the purposes therein  
expressed and in the capacity so stated.

WITNESS my hand and official seal at Boynton Beach, said County and  
State, this 15<sup>th</sup> day of October, 1997.

Prepared By:  
J. PAUL RAYMOND, ESQ.  
P. O. Box 1669  
Clearwater, FL 33757  
(813) 441-8966  
Fla. Bar No. 169268

 KATHY R. TOKOS  
Notary Public, State of Florida  
My Comm. Expires Nov. 20, 1999  
No. CC509432

Kathy R. Tokos  
Print Name  
Notary Public  
My Commission Expires:

Fax Audit No. H97000017652

 KATHY R. TOKOS  
Notary Public, State of Florida  
My Comm. Expires Nov. 20, 1999  
No. CC509432