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Feb 25 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 # P96000028822 (0)

1. Corporation Name
A AA1 SOUTH FLORIDA INSURANCE GROUP, INC.



Principal Place of Business
2149 NW 6TH STREET
FORT LAUDERDALE FL 33311

Mailing Address
2149 NW 6TH STREET
FORT LAUDERDALE FL 33311-7729

3. Date Incorporated or Qualified
03/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1280 NW 119th St

26

Suite Apt. #, etc.

Suite Apt. #, etc.

22

City & State

27

City & State

23

Miami Florida

28

Zip

Country

Zip

Country

24

33167

25

DADE

29

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, DARRIN D
2149 NW 6TH STREET
FORT LAUDERDALE FL 33311

81 Name

Robert P. Jordan II

82 Street Address (P.O. Box Number is Not Acceptable)

7401 SW 95th

83

84 City

Miami

FL

85 Zip Code

33317

11. Pursuant to the provisions of Sections 607.002 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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D JORDAN, LAURENCE
NAME
STREET ADDRESS 17928 NW 63RD COURT
CITY- ST- ZIP MIAMI FL 33015

DELETE

TITLE D THOMPSON, CARL T SR.
NAME
STREET ADDRESS 111 LAKE EMERALD DRIVE STE 205
CITY- ST- ZIP OAKLAND PARK FL 33309

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

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 registered agent 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97 (305) 685-7060

Date Daytime Phone #

CR2E034 (9/96)