

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

FILED

**May 19 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 # P96000032237 (5)
1. Corporation Name
K & K INSURANCE GROUP OF FLORIDA, INC.



Principal Place of Business: **8700 PISA DR. #923 ORLANDO FL 32810**
Mailing Address: **123 N. WACKER DR. CHICAGO IL 60606-1700**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 **P.O. Box 8264**
27 Suite, Apt. #, etc.
28 **Chicago IL**
29 **60606** 30 **US**

3. Date Incorporated or Qualified: **04/12/1996**
3a. Date of Last Report
4. FEI Number: **59-3383579**
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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOT: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PRES JOSEPH REPASS |
| STREET ADDRESS | 123 N. WACKER DR. |
| CITY-ST-ZIP | Chicago IL 60606 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VP Gerald J. Montero |
| STREET ADDRESS | 123 N. WACKER DR. |
| CITY-ST-ZIP | Chicago IL 60606 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | T Arlene H. Hardy |
| STREET ADDRESS | 123 N. WACKER |
| CITY-ST-ZIP | Chicago IL 60606 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Sec. Arlene Jischke |
| STREET ADDRESS | 123 N. WACKER |
| CITY-ST-ZIP | Chicago IL 60606 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | AVP Susan Fyda |
| STREET ADDRESS | 123 N. WACKER |
| CITY-ST-ZIP | Chicago IL 60606 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | CEO STEPHEN LUNSFORD |
| STREET ADDRESS | 123 N. WACKER |
| CITY-ST-ZIP | Chicago IL 60606 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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: _____ DATE: **4/29/97**

CR2E034 (9/96)