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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # PC

DOCUMENT # P96000032864 (6)

CAROLE HOWERTON INSURANCE SERVICES. INC.

Principal Place of Business Mailing Address 1173 SOUTHEAST SECOND TERRACE 1173 SOUTHEAST SECOND TERRACE DEERFIELD BEACH FL DEERFIELD BEACH FL 33441-6807 3. Date Incorporated or Qualified Sa. Date of Last Report 04/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite Apt. #. etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country This corporation has liability for intangible tax under s. 199.032, Yes XNo 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent HOWERTON, CAROLE 1173 SOUTHEAST SECOND TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 83 84 City 85 Zip Code 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, type-dipriprinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE 1.1 TITLE Change ___ Addition TITLE HOWERTON, CAROLE NAME 12 NAME 1173 SOUTHEAST SECOND TERRACE 1.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 1.4 CITY-ST-ZIP DITY-ST-ZIP TITLE C DELETE 2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Addition Change THE 3.1 TITLE NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4. CITY-ST-2IP DELETE Change Addition TILLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHIY-SI-7P 44 CITY-ST-ZIP DELETE Change Addition 51 TITLE THILF 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

CHY-SI-ZIF

THLE

QUALUE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

CHROLE M. HOWERTON 4/14/

7 426-97 Ime Phone #

___ Addition

Change

FILED

Apr 18 1997 8:00am

Secretary of State