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Apr 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 # P96000036537 (4)

1. Corporation Name

A ABACUS INSURANCE ASSOCIATES, INC.



Principal Place of Business

1308 NW FERDERAL HIGHWAY
STUART FL 34994

Mailing Address

1308 NW FERDERAL HIGHWAY
STUART FL 34994-1004

3. Date Incorporated or Qualified

04/23/1996

3a. Date of Last Report

SEE ATTACHED
UNKNOWN letter

2. Principal Place of Business

21 1300 NW Federal Hwy.
Suite, Apt. #, etc

2a. Mailing Address

26 1300 NW Federal Hwy.
Suite, Apt. #, etc

4. FEI Number

65-0659860

Applied For

Not Applicable

22

City & State

23 Stuart FL

Zip

24 34994

Country

25 USA

27

City & State

28 Stuart, FL

Zip

29 34994

Country

30 USA

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

SCOTT, ORTIA B
216 MARTIN AVENUE
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

NJoni Meredith

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

1285 SE P.S.L. Blvd.

83

84 City

P.S.L.

FL

85 Zip Code

34952

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

NJoni Meredith

(NOTE: Registered Agent signature required when reinstating)

4-21-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D FORGARTY, EMILY
NAME
STREET ADDRESS 2282 NE PELICAN TERRAVE
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D WHITE, GEORGETTE
NAME
STREET ADDRESS 1510 CORONADO AVENUE
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE D MADDEN, JOSEPH
NAME
STREET ADDRESS 2771 NE OAKLAND PARK BOULEVARD
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D NJoni Meredith
1.2 NAME
1.3 STREET ADDRESS 1285 SE P.S.L. Blvd
1.4 CITY-ST-ZIP Port St Lucie, FL. 34952

2.1 TITLE D Mary Ziemba
2.2 NAME
2.3 STREET ADDRESS 1285 SE P.S.L. Blvd.
2.4 CITY-ST-ZIP Port St. Lucie, FL. 34952

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

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

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

6.1 TITLE
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:

NJoni Meredith

4-21-97 561-692-8003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone: #

CR2E034 (9/96)