

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000042539 (2)

1. Corporation Name
CONNOR INSURANCE GROUP INCORPORATED



Principal Place of Business
**723 BELVEDERE RD.
WEST PALM BEACH FL 33405**

Mailing Address
**723 BELVEDERE RD.
WEST PALM BEACH FL 33405-1107**

3. Date Incorporated or Qualified **04/30/1996** 3a. Date of Last Report **N/A**

2. Principal Place of Business:
21 **PALM BEACH**
Suite, Apt. #, etc. **345**

2a. Mailing Address
26 **20423 STRD 7**
Suite, Apt. #, etc. **# 345**

4. FEI Number **65-0683355** Applied For Not Applicable

22 City & State **BOCA RATON FL**
23 Zip **33498** Country **PB**

27 City & State **BOCA RATON FL**
28 Zip **33498** Country **PB**

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
**CONNOR, TIM
723 BELVEDERE RD.
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent
81 Name **TIMOTHY J CONNOR, LUTCF**
82 Street Address (P.O. Box Number is Not Acceptable) **20423 STATE ROAD 7 # 345**
83
84 City **BOCA RATON FL** 85 Zip Code **33498**

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 *Tim Connor Pres.*

DATE **8.5.97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CONNOR, TIM	
STREET ADDRESS	723 BELVEDERE RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	20423 STATE ROAD 7 # 345
1.4 CITY-ST-ZIP	BOCA RATON FL 33498
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	300002270833--0
3.4 CITY-ST-ZIP	-08/19/97--01019--015
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: *Tim Connor Pres.*

DATE **8.5.97** **5614877546**

CR2E034 (9/96)



Mutual of New York

The Mutual Life Insurance
Company of New York
500 West Cypress Creek Road
Suite 710
Ft. Lauderdale, FL 33309
954 351-7966
1 800 827-6669
954 351-7070 Fax

8.5.97

Dear Madams/Sirs:

Re: Filing of Corporate Annual Report

Please be advised that I didn't receive the packet at my correct address until July 1997, not by May 1st, as my mailing address had changed in August 1994. My correct address has been entered on the report, and I do apologize for my delay in this report, but I was under the impression that all my info had been updated. My accountant updated I.R.S., state tax division, but obviously not you dept. Please accept my filing as this mistake will not happen again.

Registered Representative
Securities offered through:
MONY Securities Corp., Member NASD, SIPC
1740 Broadway, New York, NY

Sincerely,
[Signature]