

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

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business 21 PALM BEACH 22 Suite, Apt. #, etc. 345 23 City & State BOCA RATON FL 24 Zip 33498 25 Country PB		2a. Mailing Address 26 20423 STRD 7 27 Suite, Apt. #, etc. # 345 28 City & State BOCA RATON FL 29 Zip 33498 30 Country PB		3. Date Incorporated or Qualified 04/30/1996	3a. Date of Last Report N/A
				4. FEI Number 65-0683355	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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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 CONNOR, TIM	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	723 BELVEDERE RD.	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33405	1.3 STREET ADDRESS	20423 STATE ROAD 7 # 345
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BOCA RATON FL 33498
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	300002270833--0
STREET ADDRESS		3.3 STREET ADDRESS	-08/19/97--01019--015
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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
954 351-7968
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 1996. 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:
MONEY Securities Corp., Member NASD, SIPC
1740 Broadway, New York, NY

Sincerely,
[Signature]