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FILED
May 15 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 # **P96000061218 (9)**

1. Corporation Name
CITYWIDE INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
2107 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316	2107 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316-3431

3. Date Incorporated or Qualified: 07/23/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3201 North Federal Hwy.	26 3201 North Federal Hwy.
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27 Suite 201
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL
Zip / Country 24 33306 / 25 USA	Zip / Country 29 33306 / 30 USA

4. FEI Number: 65-0679513 ☐ 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	10. Name and Address of New Registered Agent
LAWSON, EDWARD J 2107 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316	81 Name: Robert A. Sandler 82 Street Address (P.O. Box Number is Not Acceptable): 3201 North Federal Highway 83 Suite 201 84 City: Fort Lauderdale FL 85 Zip Code: 33306

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LAWSON, EDWARD J		1.2 NAME	Edward J. Lawson	
STREET ADDRESS	2107 SOUTH ANDREWS AVENUE		1.3 STREET ADDRESS	3201 North Federal Highway, Ste 201	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE		☐ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME			2.2 NAME	Robert A. Sandler	
STREET ADDRESS			2.3 STREET ADDRESS	3201 North Federal Highway, Ste 201	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE		☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME			3.2 NAME	Ronald A. Raymond	
STREET ADDRESS			3.3 STREET ADDRESS	3201 North Federal Highway, Ste 201	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Michele V. Lawson	
STREET ADDRESS			4.3 STREET ADDRESS	3201 North Federal Highway, Ste 201	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Robert J. Silverman	
STREET ADDRESS			5.3 STREET ADDRESS	3201 North Federal Highway, Ste 201	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Bruce H. Kramer	
STREET ADDRESS			6.3 STREET ADDRESS	3201 North Federal Highway, Ste 201	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306	

CR2E034 (9/96)

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: _____