



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # P96000061449 (0)						97 JUL 23 AM 10:16	
1. Corporation Name NATIONAL INSURANCE CONSULTANTS, INC.							
Principal Place of Business <del>1950 S OCEAN DRIVE #19H</del> HALLANDALE FL 33009				Mailing Address <del>1950 S OCEAN DRIVE #19H</del> HALLANDALE FL 33009			
DO NOT WRITE IN THIS SPACE						3. Date Incorporated or Qualified 07/23/1996	
2. Principal Place of Business 21 3471 N. Federal Highway Suite, Apt. #, etc. suite # 411 City & State Ft. Lauderdale, FL Zip 33306 Country USA				2a. Mailing Address 26 3471 N. Federal Highway Suite, Apt. #, etc. Suite # 411 City & State Ft. Lauderdale, FL Zip 22206 Country USA			
9. Name and Address of Current Registered Agent GILGOFF, STEVEN 1950 S OCEAN DRIVE #19H HALLANDALE FL 33009						10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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.						700002247597--7 -07/25/97--01035--001 ***173.75 ***173.75 FL	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME GILGOFF, STEVEN STREET ADDRESS 1950 S OCEAN DRIVE #19H CITY-ST-ZIP HALLANDALE FL 33009						1.1 TITLE Vice Pres., Director 1.2 NAME PURVES, Melinda 1.3 STREET ADDRESS 912 S.E. 16th Street 1.4 CITY-ST-ZIP DEERFIELD Bch., FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: *Steven Gilgoff* STEVEN GILGOFF

954-566-9300

CR2E034 (4/97)