

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.)

APPROVED AND FILED *pg. 1 of 2*

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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97 JUL 30 PM 1:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000067362 (9)
 1. Corporation Name
PENINSULA INSURANCE GROUP, INC.



Principal Place of Business P.O. BOX 985 DEERFIELD BEACH FL 33443-0985	Mailing Address P.O. BOX 985 DEERFIELD BEACH FL 33443-0985
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1212 E. LAS OLAS BLVD.		2a. Mailing Address 26 1212 E. LAS OLAS BLVD.		3. Date Incorporated or Qualified 08/09/1996	3a. Date of Last Report N/A
Suite, Apt. #, etc. 22 SUITE B		Suite, Apt. #, etc. 27 SUITE B		4. FEI Number 65-0694248	Applied For Not Applicable
City & State 23 FT LAUDERDALE, FL		City & State 28 FT LAUDERDALE, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33301	Country 25 USA	Zip 29 33301	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent TILLEY, MICHAEL R 2000 GLADES ROAD, STE. 208 BOCA RATON FL 33431				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)	300002257639--2		
83	-08/05/97--01015--019		
84 City	FL		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGE T. CLEVELANO 2801 N. COURSE DR J107 POMERAY, BLH, FL 33069	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

A. Alan
 7/30/97

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.

CR2E034 (4/97)

pg. 2 of 2

Peninsula Insurance Group
10 Fairway Drive
Suite 221
Deerfield Beach, FL 33441
(954) 725-0402

July 23, 1997

FLORIDA
DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
PO BOX 1500
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM,

PER THE CONVERSATION WITH MY ATTORNEY MR. MICHAEL TILLEY, I WAS ADVISED THAT WE COULD WAIVE THE LATE FEE ON A ONE TIME BASIS. THIS IS A NEW CORPORATION, AND WE DID NOT RECIEVE THE FIRST NOTICE FOR SOME UNKNOWN REASON.

WE UNDERSTAND THAT THIS IS A ONE TIME WAIVER, AND WE APPRECIATE YOUR CONSIDERATION IN THIS REGARD. ENCLOSED IS OUR CHECK IN THE AMOUNT OF \$165.00. ALONG WITH OUR REPORT.

SINCERLY,



GEORGE T. CLEVELAND
PRESIDENT