

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

**FILED**  
**Jun 17 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P96000069901  
 1. Corporation Name  
**Contractors Surety Group, Inc.**

Principal Place of Business	Mailing Address
2654 N.W. 21st Terrace Miami, Florida 33142	Same

2. Principal Place of Business	2a. Mailing Address
21 2654 N.W. 21st Terrace	2a 2654 N.W. 21st Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Miami, Florida	28 City & State Miami, Florida
24 Zip 33142	29 Zip 33142
25 Country U.S.A.	30 Country U.S.A.

3. Date Incorporated or Qualified 8/20/96	3a. Date of Last Report N/A
4. FEI Number 65-0717205	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

Nadia Z. Prisant  
 2654 N.W. 21st Terrace  
 Miami, Florida 33142

**10. Name and Address of New Registered Agent**

81 Name	John George
82 Street Address (P.O. Box Number is Not Acceptable)	315 S.E. 7th Street
83	Suite 200
84 City	Fort Lauderdale FL
85 Zip Code	33301

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: *John George* DATE: 6/10/97

**12. OFFICERS AND DIRECTORS**

TITLE	President	<input type="checkbox"/> DELETE
NAME	Martin A. Prisant	
STREET ADDRESS	4400 Palm Lane	
CITY-ST-ZIP	Miami, Florida 33137	
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		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	800002215508
53 STREET ADDRESS	-06/18/97--01030--026
54 CITY-ST-ZIP	***165.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	CS
63 STREET ADDRESS	6/17/97
64 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 in an attachment with an address.

SIGNATURE: *Martin A. Prisant* DATE: 6/10/97 (305)  
 SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 778-2334

CR2E034 (9/96)