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May 13 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 # P96000073230 (0)

1. Corporation Name
AMERICAN SENIORS ASSOCIATED INSURANCE AGENCIES, INC.



Principal Place of Business: 2750 WEST OAKLAND PARK BLVD SUITE B OAKLAND PARK FL 33311
Mailing Address: 2750 WEST OAKLAND PARK BLVD SUITE B OAKLAND PARK FL 33311-1310

3. Date Incorporated or Qualified: 09/04/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0695288
Applied For: Not Applicable
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

2. Principal Place of Business: 21 2700 W OAKLAND PK BLVD
Suite, Apt. #, etc.: 24B
City & State: [Blank]
Zip: [Blank] Country: [Blank]
2a. Mailing Address: 26 2700 W OAKLAND PK BLVD
Suite, Apt. #, etc.: 24B
City & State: [Blank]
Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent
PHILLIPS, JANET
2750 WEST OAKLAND PARK BLVD
SUITE B
OAKLAND PARK FL 33311

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): 2700 WEST OAKLAND PARK BLVD
83 SUITE 24B
84 City: [Blank] FL 85 Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS
TITLE: D [] DELETE
NAME: PHILLIPS, BARBARA J
STREET ADDRESS: 920 SW 118TH TERRACE
CITY-ST-ZIP: OAKLAND PARK FL 33311
TITLE: D [X] DELETE
NAME: ~~HASKETT, DONALD L~~
STREET ADDRESS: ~~5901 FALLS CIRCLE DRIVE NORTH, APT. 310~~
CITY-ST-ZIP: ~~LAUDERHILL FL 33319~~
TITLE: [] DELETE
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
TITLE: [] DELETE
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
TITLE: [] DELETE
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: PRESIDENT [] Change [X] Addition
1.2 NAME: [Blank]
1.3 STREET ADDRESS: [Blank]
1.4 CITY-ST-ZIP: [Blank]
2.1 TITLE: [Blank] [] Change [] Addition
2.2 NAME: [Blank]
2.3 STREET ADDRESS: [Blank]
2.4 CITY-ST-ZIP: [Blank]
3.1 TITLE: DIRECTOR / SECRETARY / TREAS. [] Change [X] Addition
3.2 NAME: PHILLIPS, JANET
3.3 STREET ADDRESS: 920 SW 118TH TERRACE
3.4 CITY-ST-ZIP: DAVIE, FLORIDA 33325
4.1 TITLE: [Blank] [] Change [] Addition
4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY-ST-ZIP: [Blank]
5.1 TITLE: [Blank] [] Change [] Addition
5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY-ST-ZIP: [Blank]
6.1 TITLE: [Blank] [] Change [] Addition
6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY-ST-ZIP: [Blank]

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: [Signature] PHILLIPS, BARBARA J. PHILLIPS 4/25/97 (954) 739-3818

CR2E034 (9/96)