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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094883 (1)

SUNCOAST INSURORS AGENCY ALLIANCE, INC.

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6509 WATERFORD CIRCLE

BOGUSZ, TED G

SARASOTA FL 34238

9. Name and Address of Current Registered Agent

Mailing Address Principal Place of Business 2196 PRINCETON STREET 2196 PRINCETON STREET **SARASOTA FL 34237-3435** SARASOTA FL 34237 3. Date Incorporated or Qualified 3a. Date of Last Report 11/19/1996 4. FEI Number 2. Principal Place of Business Mailing Address 65-6726265 21 26 Suite Apt # etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zm Country Zip This corporation has liability for intangible tax under s. 199.032,

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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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

81 Name

82

63 84 City

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 12. 13 Change Addition DELETE THLE 1.1 THILE BOGUSZ. TED G Burns, Michael R 1.2 NAME NAME 6509 WATERFORD CIRCLE 1.3 STREET ADDRESS 5126 Willow Links Drive STREET ADDRESS SARASOTA FL 34238 CITY-ST-7/P 1.4 (ITY-ST-ZIP Sarasota FL 34235 Change Addition DELETE 2.1.1-TLF TITLE BOGUSZ, ANNETTE M NAME 2.2 NAME Jakusovas, Michael F 6509 WATERFORD CIRCLE 2.3 STREET ADDRESS STREET ADDRESS 1651 Waldemere Street SARASOTA FL 34238 2.4 CITY-ST-ZIP CHY-\$1-209 Seresote FL 34239. DELETE se Change Addition 3.1 11TLE TITLE DV 3.2 NAME NAME Bogusz, Ted G 3.3 STREET ADDRESS STREET ACIORESS 6509 Waterford Circle 34 City-St-7iP CITY-ST-7IP Sarasota FL 34238 Change ___ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ACORESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZiP CITY-SI-7IP Change Addition DELETE 51 TITLE DIRE 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST-ZIE Change ☐ Addition DELETE MiE 617ITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-\$1-70

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 anged, or on an attachment with an address.

SIGNATURE:

97 941-365-2900

FILED

May 05 1997 8:00am

Secretary of State

Yes No

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

Applied For

Zip Code

Not Applicable