

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020069 (5)
1. Corporation Name

ALL CITY CONGRESS INSURANCE, INC.



Principal Place of Business 3920 SO CONGRESS AVE LAKE WORTH FL 33461	Mailing Address 3920 SO CONGRESS AVE LAKE WORTH FL 33461
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1340 U.S. Hwy. 1 Suite, Apt. #, etc. 22 Ste. 102 City & State 23 Jupiter, FL Zip 24 33469		2a. Mailing Address 26 1340 U.S. Hwy. 1 Suite, Apt. #, etc. 27 Ste. 102 City & State 28 Jupiter, FL Zip 29 33469		3. Date Incorporated or Qualified 02/27/1997		4. FEI Number 65-0772932		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GOLDWICH, DAVID S ESO.
3550 BISCAYNE BLVD. STE 601
MIAMI FL 33137

10. Name and Address of New Registered Agent

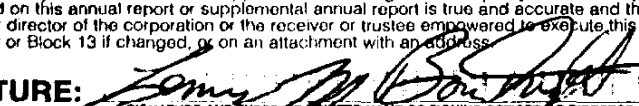
81 Name	Leonard M. Boatwright, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	1340 U.S. Hwy. 1
83	Ste. 102
84 City	Jupiter
85 Zip Code	FL 33469

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 607.0509, Florida Statutes.

SIGNATURE:  DATE: _____
(Signature typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BOATWRIGHT, LEONARD JR	1.2 NAME	
STREET ADDRESS	15410 SW 84TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CAREY, GREGORY	2.2 NAME	
STREET ADDRESS	9625 DOMINICAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  1/22/98 305-232-7050

CR2E034 (10/97)