

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90015 008 ***158.75

DOCUMENT # P97000053088

1. Corporation Name

~~EDWARD M. GLANCY INSURANCE AGENCY, INC.~~
THE OLIVER INSURANCE GROUP I, INC.



Principal Place of Business

1256 SE 17TH ST.
FT. LAUDERDALE FL 33316

Mailing Address

1256 SE 17TH ST.
FT. LAUDERDALE FL 33316
1090 BAYVIEW DR #130
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1090 BAYVIEW DR
Suite, Apt. #, etc.
22 130
City & State
23 FORT LAUDERDALE FL

2a. Mailing Address

26 1090 BAYVIEW DR
Suite, Apt. #, etc.
27 130
City & State
28 FORT LAUDERDALE FL

City & State

23 FORT LAUDERDALE FL
Zip 24 33304 Country 25 BROWARD

City & State

28 FORT LAUDERDALE FL
Zip 29 33304 Country 30 BROWARD

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

65-0763031

Applied For

X Not Applicable

5. Certificate of Status Desired

X \$6.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

GLANCY, EDWARD M
1900 S. OCEAN DR., SUITE 1001
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

MICHAEL J. OLIVER

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

2618 GRACE DRIVE

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33304

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2/18/1999

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GLANCY, EDWARD M
STREET ADDRESS 1900 S. OCEAN DR., SUITE 1001
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME MICHAEL J. OLIVER
1.3 STREET ADDRESS 2618 GRACE DRIVE
1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33304

2.1 TITLE VICE PRESIDENT
2.2 NAME LINDA J. OLIVER
2.3 STREET ADDRESS 2618 GRACE DRIVE
2.4 CITY-ST-ZIP FT. LAUDERDALE FL 33304

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 register 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, with all other like empowered.

SIGNATURE: *[Signature]* MICHAEL J. OLIVER 2/18/99 954-565-3100

SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0287745