

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

FILED
Apr 30 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 # P97000094286 (6)
 1. Corporation Name
THE FORUM INSURANCE GROUP, INC.



Principal Place of Business 6109 BALBOA CIRCLE SUITE 403 BOCA RATON FL 33433	Mailing Address 6109 BALBOA CIRCLE SUITE 403 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified
11/04/1997

4. FEI Number
65-0791098

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

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]* **NO CHANGE IN REGISTERED AGENT** DATE: *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARVA, SYDNEY P	1.2 NAME	
STREET ADDRESS	6109 BALBOA CIRCLE, STE 403	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TITLE	COB	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARVA, SYDNEY P	2.2 NAME	
STREET ADDRESS	6109 BALBOA CIRCLE, STE 403	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURANCE, DAVID C	3.2 NAME	
STREET ADDRESS	6109 BALBOA CIRCLE, STE 403	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWNTREE, LYNN	4.2 NAME	
STREET ADDRESS	6109 BALBOA CIRCLE, STE 403	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *SYDNEY P. NARVA*

4-22-98

CR2E034 (10/97)