

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

FILED

Feb 18 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 # **S21534** (0)
1. Corporation Name
GMP INSURANCE GROUP, INC.

| | |
|--|---|
| Principal Place of Business 12333 N.W. 18TH ST. 1 PEMBROKE PINES FL 33026 US | Mailing Address 1233 N.W. 18TH ST. 1 PEMBROKE PINES FL 33026 US |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/27/1990 | 3a. Date of Last Report 02/09/1996 |
|--|--|

| | | |
|--|---|---|
| 2. Principal Place of Business 21 9581 NW 18 DRIVE Suite, Apt. #, etc. 22 City & State 23 PLANTATION, FL Zip 24 33322 Country 25 USA | 2a. Mailing Address 26 9581 NW 18 DR. Suite, Apt. #, etc. 27 City & State 28 PLANTATION, FL Zip 29 33322 Country 30 USA | 4. FEI Number 65-0235946 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|

9. Name and Address of Current Registered Agent

**PREACHER, GEORGE H.
9581 NORTHWEST 18TH DRIVE
PLANTATION FL 33322**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL 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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|---|---|----------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| <input type="checkbox"/> DELETE | D PREACHER, GEORGE H. 9581 N.W. 18TH DRIVE PLANTATION FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | D PREACHER, MARIETTA 9581 N.W. 18TH DRIVE PLANTATION FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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 *Marietta Preacher* **MARIETTA PREACHER 2/13/97 958-387-9104**

CR2E034 (9/96)