FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name S33152

(7)

CONTINUING EDUCATION INSURANCE SCHOOL OF FLORIDA , INC.



Principal Place of Business		Mailing Address		T TO DELICATE THE PART PART TO THE TABLE OF THE TABLE OF THE OTHER CONTRACT THE TABLE OF THE TABLE			
5623 US 19. SUITE 101 NEWPORT RICHEY FL 34652		5623 US 19. SUITE 101 NEWPORT RICHEY FL 34652					
					3. Date Incorporated or Qualified 02/19/1991		of Last Report 1/20/1995
	ace of Business	2a. Mailing Address		-	4. FEI Number		Applied For
21		26			59-3042370		Not Applicable
Suite, Apt. # 22		Suite Apt. #, etc.		•	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State	- 1 '		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		Added to Fees
Zip 24	Country 25	Zιρ	Country	i	8. This corporation has liability for		under's 199.032,
24	9. Name and Address of Curr	29 ant Registered Agent	30			□No	
	g, manie una radices di dan	unt riogistered Agent	81	Name	10. Name and Address of New R	legistered A	igent
шног	EDWARD 1 ID		L.				
	EDWARD J JR.		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
5760 West shore Dr. New Port Richey Fl 34652			83				
NEW PC	ON RIGHET PL 34032						
			84	City		FL	85 Zip Code
11. Pursuant to	o the provisions of Sections 607 05	02 and 607 1503. Florida State	ites the shove.	named corpor	ation submits this statement for the pur		
or registere	eo agent, or both, in the State of Fig	meal Sach change was authori	ized by the cord	noration's boar	ation submits this statement for the period of directors. Thereby accept the appoint	pose of char bintment as r	egistered agent. I am
	th, and accept the obligations of, Se	otion 607.0505, Florida Statute	es e e e e e e e e e e e e e e e e e e				-
SIGNATURE: _	Signature typed or printed name of registered age	Pot and the facelinance #	vOTE Plagistereit Age	al samuel commence	1 a thorn you of altern A		
12.		ND DIRECTORS	13.	or a flower to us the en	ADDITIONS/CHANGES TO OFFI	DATE ICEDS AND I	NEECTODS IN 10
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NAME	HULSE, EDWARD J JR.		1.2 NAME			L	Totaligo [] Addition
STREET ADDRESS	5760 WEST SHORE DR.		1.3 STHEE	LADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 346	852	1.4 Crty - 5	1			
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NAME	HULSE, EDWARD J JR.						L Change
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	5760 WEST SHORE DR.	_	2.2 NAME 2.3 STREET				Change Addition
STREET ADDRESS CITY - S1 - ZIP TITLE		_	2.2 NAME				· • <u>-</u>
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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 reservor 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR