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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	Ca. 11.11.2	DIVISION OF	CORPORATION	S				
OOCU Corporatio	IMENT #	S34230	(0)						
•		INSURANCE O	F PALM BAY, INC	•		1 106 174 17 14 5 11111 6 10 16 14 16 1		II 8 1 1 1 1 1 1	
nncipal Plac	e of Business		Mailing Address						
190 MALA	ABAR RD SW		1980 S. COURTNEY	PARKWAY					
STE 122	Y FL 32907		MERRITT ISLAND FL	32952					
US						3. Date Incorporated or Qualified 02/25/1991	3a. Date o	Last R	•
Principat F	Place of Business	<u>-</u> -	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt.	. #, etc.		Suite, Apl. #, etc.			59-3053910			Not Applicable Additional
		2	7	- u - <u></u>		5. Certificate of Status Desired			Required
City & Stat	· · · · · · · - · · · · · · · ·		City & State			Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Ζφ 	25	untry 2 Idress of Current Re	Zip 29	Country 30			□ No		199.032,
	g. Haine and Ac	diess of Cultent Ne	gistered Agent	81 N	lame	10. Name and Address of New R	egistered Ag	ent	
PLAK	IOTIS, GEORGE			82 S	troot Addre	ess (P.O. Box Number is Not Acceptab	le)	-	
	S. COURTNEY PA				Meet Addit	BSS (F.O. DOX HISTIDOF IS NOT ACCEPTED	·····		
MERF	RITT ISLAND FL 32	952		83					
				84 C	ity		EI	85 Ziç	Code
Tell Tillett VV	to the provisions of Sered agent, or both, in ith, and accept the ob	ections 607.0502 and the State of Florida Soligations of, Section 6	607.1508, Florida Statute uch change was authoriz 07.0505, Florida Statutes	es, the above named by the corporal	ned corpora tion's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of chang pintment as re	ging Its registered	egistered offic agent. I am
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appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

407 253 0441

Dete Design Phone #

SIGNATURE: