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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

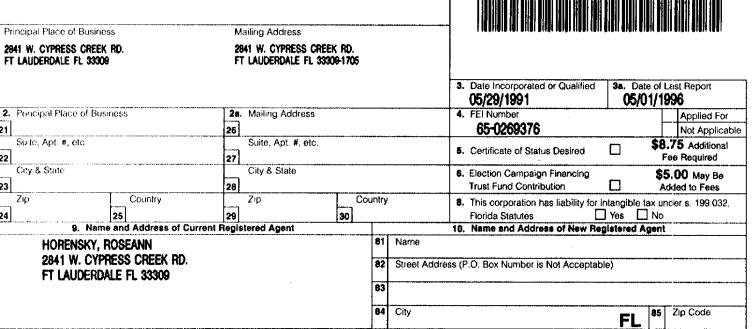
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(6)

FAMILY GROUP INSURANCE, INC.

Principal Place of Business Mailing Address 2841 W. CYPRESS CREEK RD. 2841 W. CYPRESS CREEK RD. FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309-1705

FILED Apr 22 1997 8:00am Secretary of State



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

agent a	m familiar with, and accept the obligations of, Section	on 607.0505, Florid	da Statutes.	mation a total of offectors. I hereby accept t	ne appointment as	refilizieted
SIGNATURE	Suprature, typied or printed name of registered agent, and title if applica-	blo (NOTE: E	Registered Agent signature	Food land who coincid in a	DATE	
12.	OFFICERS AND DIRECTORS	DIE. (NOTE. P	13.	ADDITIONS/CHANGES TO OFFICER		S IN 12
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	BRANCH, PEGGY		1.2 NAME			
STREET ADDRESS	2841 W. CYPRESS CREEK RD.		1 3 STREET ADDRESS			
CITY -ST-ZIP	FT LAUDERDALE FL		14 CITY-ST-ZIP			
1)TLF	DTV	DELETE	21 TITLE		☐ Change	Addition
NAME	HORENSKY, ROSEANN		22 NAME			
STREET ACHORESS	2841 W. CYPRESS CREEK RD.		2.3 STREET ADDRESS			
CITY -ST - ZIP	FT LAUDERDALE FL		2 4 CITY-ST-ZIP	,	.	
THLE	DS	☐ DELETE	31 TITLE		☐ Change	Addition
NAME	PINEDA, LAURIE		32 NAME			
STREET ADDRESS	2841 W. CYPRESS CREEK RD.	•	3 3 STREET ADDRESS			
CITY-S1-7IP	FT LAUDERDALE FL		3 4. CITY - ST - ZIP			
TOTALE	VD	DELETE	41 TITLE		Change	Addition
NAME	QUAST, JANICE		4. 2 NAME			
STREET ADDRESS	2841 CYPRESS CREEK RD		4.3 STREET ADDRESS			
CITY-ST-7/P	FT LAUDERDALE FL		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	51 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY ST-ZIF			5.4 CITY-ST-ZIP			
TiTLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CHTY - ST - ZHP			6.4 CITY - ST - ZIP			

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 or Block 13 or Block 13 or on an attachment with an address.

SIGNATURE:

454-974-9003