

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **S61597** (8)

1. Corporation Name

PARKWAY INSURANCE AGENCY OF NORTH LAUDERDALE, INC.

05 MAY - 1 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **7580 SOUTHGATE BLVD NORTH LAUDERDALE FL 33068**
Mailing Address: **7580 SOUTHGATE BLVD NORTH LAUDERDALE FL 33068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (if changed)	3a. Date of Last Report
06/24/1991	04/20/1994
4. FEI Number	Applied For
65-0269453	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation is a subsidiary of another corporation as defined in Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. 7234 MCNAB ROAD	26. 7234 MCNAB ROAD
22. State Apt # etc.	27. State Apt # etc.
23. City & State	28. City & State
24. _____	29. _____
25. _____	30. _____

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERMAN, NATHAN M 9853 NW 19 ST CORAL SPRINGS FL 33071	B1 Name
	B2 Street Address (P.O. Box Number, Not Applicable)
	B3 _____
	B4 City
	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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, thereby, accept the appointment as registered agent. I am hereby accepting the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
12a. Name	PS BERMAN, NATHAN	13a. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b. Address	9853 NW 19 ST	13b. Name	
12c. City	CORAL SPRINGS FL	13c. Name	
12d. Name		13d. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12e. Address		13e. Name	
12f. City		13f. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12g. Name		13g. Name	
12h. Address		13h. Name	
12i. City		13i. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j. Name		13j. Name	
12k. Address		13k. Name	
12l. City		13l. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0504, 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 be as the same legal effect as if made in person. I am an officer or director of the corporation or the receiver or trustee appointed to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of those who have changed or are about to change with this filing.

SIGNATURE: *Nathan M Berman* *4/18/95* *467-8688*
NATHAN M BERMAN