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Mar 12 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 # **S61597** (8)

1. Corporation Name
PARKWAY INSURANCE AGENCY OF NORTH LAUDERDALE, IN C.



Principal Place of Business: **7234 MCNAB ROAD NORTH LAUDERDALE FL 33068 US**

Mailing Address: **7234 MCNAB ROAD NORTH LAUDERDALE FL 33068-5441 US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/24/1991	3a. Date of Last Report 05/01/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0269453	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	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

**BERMAN, NATHAN M
9853 NW 19 ST
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name: **NATHAN M BERMAN**

82 Street Address (P.O. Box Number is Not Acceptable): **SOME**

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: *Nathan M Berman* DATE: **3/6/97**

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	BERMAN, NATHAN	
STREET ADDRESS	9853 NW 19 ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	<i>DELETED</i>	<input type="checkbox"/> DELETE
NAME	<i>DELETED</i>	
STREET ADDRESS	<i>DELETED</i>	
CITY-ST-ZIP	<i>DELETED</i>	
TITLE	<i>DELETED</i>	<input type="checkbox"/> DELETE
NAME	<i>DELETED</i>	
STREET ADDRESS	<i>DELETED</i>	
CITY-ST-ZIP	<i>DELETED</i>	
TITLE	<i>DELETED</i>	<input type="checkbox"/> DELETE
NAME	<i>DELETED</i>	
STREET ADDRESS	<i>DELETED</i>	
CITY-ST-ZIP	<i>DELETED</i>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Change</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NATHAN BERMAN	
1.3 STREET ADDRESS	PLEASE CONTACT	
1.4 CITY-ST-ZIP	FL 33071	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 included 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 the name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nathan M Berman* DATE: **3/6/97**

SECRETARY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)