

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S64225** (3)  
1. Corporation Name  
**INSURANCE CAPITAL ASSOCIATES OF FLORIDA, INC.**



Principal Place of Business <b>19495 BISCAYNE BLVD STE 408 AVENTURA FL 33180 US</b>	Mailing Address <b>19495 BISCAYNE BLVD. STE 408 AVENTURA FL 33180 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/05/1991</b>	3a. Date of Last Report <b>08/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0272513</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, RONALD  
19495 BISCAYNE BOULEVARD  
SUITE 410  
AVENTURA FL 33180**

81. Name	<b>LEVINE, RONALD</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>19495 BISCAYNE BLVD-408</b>
83. City	<b>AVENTURA</b>
84. State	<b>FL</b>
85. Zip Code	<b>33180</b>

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 **RONALD LEVINE** *[Signature]* **9/5/97**  
Signature, typed or printed name of registered agent and title if applicable (Not a Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
<input type="checkbox"/> DELETE	<b>DPT LEVINE, RONALD 19495 BISCAYNE BLVD. AVENTURA FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		2.1 TITLE	2.1 NAME
<input type="checkbox"/> DELETE		2.2 STREET ADDRESS	2.2 NAME
<input type="checkbox"/> DELETE		2.3 CITY - ST - ZIP	2.3 STREET ADDRESS
<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE		3.1 TITLE	3.1 NAME
<input type="checkbox"/> DELETE		3.2 STREET ADDRESS	3.2 NAME
<input type="checkbox"/> DELETE		3.3 CITY - ST - ZIP	3.3 STREET ADDRESS
<input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE		4.1 TITLE	4.1 NAME
<input type="checkbox"/> DELETE		4.2 STREET ADDRESS	4.2 NAME
<input type="checkbox"/> DELETE		4.3 CITY - ST - ZIP	4.3 STREET ADDRESS
<input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.1 NAME
<input type="checkbox"/> DELETE		5.2 STREET ADDRESS	5.2 NAME
<input type="checkbox"/> DELETE		5.3 CITY - ST - ZIP	5.3 STREET ADDRESS
<input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.1 NAME
<input type="checkbox"/> DELETE		6.2 STREET ADDRESS	6.2 NAME
<input type="checkbox"/> DELETE		6.3 CITY - ST - ZIP	6.3 STREET ADDRESS
<input type="checkbox"/> DELETE		6.4 CITY - ST - ZIP	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 in 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]* **9/5/97** **305-935**  
Signature, typed or printed name of registered agent and title if applicable (Not a Registered Agent signature required when reinstating)

CR2E034 (4/97)