


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 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S74372 (1) 1. Corporation Name NORTH FLORIDA INSURANCE AGENCY, INC.
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Principal Place of Business 3830-2 WILLIAMSBURG PARK BLVD. JACKSONVILLE FL 32257 US	Mailing Address 8080-165 AVE. #101 REDMOND WA 98052 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 3033 S. PARKER RD	3. Date Incorporated or Qualified 08/20/1991	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 506	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28 Aurora Co 80014	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 80014	Country 30 ARIZONA

9. Name and Address of Current Registered Agent WOLF, IRVIN III 3830-2 WILLIAMSBURG PARK BLVD. JACKSONVILLE FL 32257	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KENNA, WILLIAM A.		1.2 NAME DEL TUFO, ANTHONY	
STREET ADDRESS 3830-W WILLIAMSBURG PARK BLVD.		1.3 STREET ADDRESS 3033 S. PARKER RD, SUITE 506	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP AURORA CO 80014	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOLF, IRVIN III		2.2 NAME WOLF, IRVIN III	
STREET ADDRESS 3830-2 WILLIAMSBURG PARK BLVD.		2.3 STREET ADDRESS 3830-2 WILLIAMSBURG PARK BLVD	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHARPE, DONALD R		3.2 NAME MCGRAW, ROBERT L	
STREET ADDRESS 8080-165TH AVE., NE		3.3 STREET ADDRESS 3033 S. PARKER RD, SUITE 506	
CITY-ST-ZIP REDMOND WA		3.4 CITY-ST-ZIP AURORA CO 80014	
TITLE DP	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANKFORD, H. R JR		4.2 NAME LANKFORD, H. R. JR	
STREET ADDRESS 8080-165TH AVE NE		4.3 STREET ADDRESS 3033 S. PARKER RD, SUITE 506	
CITY-ST-ZIP REDMOND WA		4.4 CITY-ST-ZIP AURORA CO 80014	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHARPE, DONALD R		5.2 NAME STEWART, ROBERT B.	
STREET ADDRESS 8080-165TH AVE NE		5.3 STREET ADDRESS 3033 S. PARKER RD, SUITE 506	
CITY-ST-ZIP REDMOND WA		5.4 CITY-ST-ZIP AURORA CO 80014	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 by 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 REQUIRED 9/14/97 303-322-1125

CR2E034 (4/97)