FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
* ANNUAL REPORT
1995

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

APPROVED
AND
FILED
95 MAY 22 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S93761 (2)

1. Corporate Name:
A PREMIERE INSURANCE AGENCY, INC.

Principal Place of Business:
P O BOX 271026
TAMPA FL 33688-1672

Mailing Address:
P.O. BOX 271026
TAMPA FL 33688-1026
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1991
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-3092191
Applied For
Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

ZIP
24

County
25

ZIP
29

County
30

8. Does corporation have liability for intangible tax under § 199.032, Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

PULLARA, ELEANOR F.
15104 GREENHORN WAY
TAMPA FL 33625

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

11. Pursuant to Perpetuation of Section 607.0501(1) and 607.0505, 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

12. OFFICER AND DIRECTORS

P
PULLARA, ELEANOR F.
15104 GREENHORN WAY
TAMPA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELEANOR F. PULLARA, PRES.

5/15/95 (Date)
813-948-3255 (Daytime Phone #)

0304888 CP