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FILED

May 20 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 # V12253

(3)

1. Corporation Name

C N S INSURANCE GROUP INC.

Principal Place of Business

2428 SOUTHG STATE ROAD 7  
MIRAMAR FL 33023

Mailing Address

2428 SOUTHG STATE ROAD 7  
MIRAMAR FL 33023



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/06/1992

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0318118

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

PEREZ, LEIDYS GARCIA  
10670 WASHINGTON STE  
STE 106  
PEMBROKE PIENS FL 33025

10. Name and Address of New Registered Agent

81 Name PHILIP S. COGAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
10564 NW 3rd PL  
83  
84 City CORAL SPRINGS FL 85 Zip Code 33071

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 PHILIP S. COGAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	SULLIVAN, JAMES A JR	
STREET ADDRESS	1520 NW 128TH DR STE 306	
CITY-ST-ZIP	SUNRISE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	Change	Addition
1.2 NAME	LEONARD BOATWRIGHT		
1.3 STREET ADDRESS	930 NE 62ND ST		
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33334		
2.1 TITLE	SECRETARY	Change	Addition
2.2 NAME	PHILIP COGAN		
2.3 STREET ADDRESS	10564 NW 3rd PL		
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071		
3.1 TITLE	TREASURER	Change	Addition
3.2 NAME	GREGORY KAREY		
3.3 STREET ADDRESS	9625 DOMINICAN DR		
3.4 CITY-ST-ZIP	MIAMI FL 33189		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 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 PHILIP S. COGAN

4/30/97

2-4 966-2400

CR2E034 (9/96)