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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V12361

(4)

1. Corporation Name

NAL INSURANCE SERVICES, INC.



Principal Place of Business

500 CYPRESS CREEK ROAD WEST
590
FORT LAUDERDALE FL 33309
US

Mailing Address

500 CYPRESS CREEK ROAD WEST
SUITE 590
FORT LAUDERDALE FL 33309
US

3. Date Incorporated or Qualified
02/05/1992

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMO CORPORATE SERVICES, INC.
100 N.E. THIRD AVENUE
SUITE 1100
FT. LAUDERDALE FL 33301

81 Name

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

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

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	CDC	<input type="checkbox"/> DELETE
NAME	BARTOLINI, ROBERT R.	
STREET ADDRESS	500 CYPRESS CREEK RD. W, STE 590	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	PCSD	<input type="checkbox"/> DELETE
NAME	SCHAEFFER, JOHN T.	
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STYKA, FRED	
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	CARLSON, ROBERT J.	
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WOODSIDE, JOANN	
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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	

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-03/18/96-01053-008
***1000.00

14. I do 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)(k), 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:

Robert J. Carlson V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

Date

954-958-3612

Daytime Phone #

CR2E034 (12/95)