

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
 Aug 01 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 # V41766 (9)
 1. Corporation Name
COUNTERSIGNATURE AGENCY, INC.



Principal Place of Business 4890 W. KENNEDY BLVD. TAMPA FL 33609 US	Mailing Address 4890 W. KENNEDY BLVD. TAMPA FL 33609 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 06-1345091	Applied For <input type="checkbox"/> Not Applicable
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
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 600 22 City & State 23 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. Suite 600 27 City & State 28 29 Zip 30 Country
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, CHRISTINE A
STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT 06183
TITLE	CD <input type="checkbox"/> DELETE
NAME	HAMMOND, DALE S
STREET ADDRESS	4890 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	D <input type="checkbox"/> DELETE
NAME	DURDEN, JUDITH
STREET ADDRESS	4890 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	TD <input type="checkbox"/> DELETE
NAME	DEMBO, DAVID B.
STREET ADDRESS	4890 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	VD <input type="checkbox"/> DELETE
NAME	GRINER, DAVID H.
STREET ADDRESS	4890 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	P <input type="checkbox"/> DELETE
NAME	HURST, H. PEYTON JR.
STREET ADDRESS	1000 LEGION PLACE, 9TH FL
CITY-ST-ZIP	ORLANDO FL 32801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul Eddy
1.3 STREET ADDRESS	One Tower Square
1.4 CITY-ST-ZIP	Hartford, CT 06183
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nick Cocking
2.3 STREET ADDRESS	4890 W. Kennedy Blvd
2.4 CITY-ST-ZIP	Tampa, FL 33609
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wendy Guertin
3.3 STREET ADDRESS	4890 W. Kennedy Blvd.
3.4 CITY-ST-ZIP	Tampa, FL 33609
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	

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.

CR2E034 (4/97)

[Handwritten signatures and dates] (813) 287-7343