

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **696618** (8)

1. Corporation Name
PROGRAM UNDERWRITERS IV, INC.



Principal Place of Business: **1800 N.W. CORPORATE BLVD SUITE 301 BOCA RATON FL 33431 US**
Mailing Address: **3700 COCONUT CREEK PKWY COCONUT CREEK FL 33066-1616 US**

3. Date Incorporated or Qualified: **07/29/1981**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2159317**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**LAWRENCE BUTO % PROGRAM UNDERWRITERS
3700 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **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: _____ DATE: _____
Signature typed or printed (name of registered agent) if title is agent only. (Name of Registered Agent Signature required when not a title agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTO, FRANCES T	1.2 NAME	
STREET ADDRESS	4200 NW 101 DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	1.4 CITY-ST-ZIP	33065
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTO, LAWRENCE J	2.2 NAME	
STREET ADDRESS	4200 NW 101 DRIVE	2.3 STREET ADDRESS	33065
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRO, ANTHONY	3.2 NAME	
STREET ADDRESS	2845 TIMBERCREEK CLR NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA, RATON FL 00000	3.4 CITY-ST-ZIP	33431
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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, as an attachment with an address.

SIGNATURE: _____ DATE: **4/11/96** (954) 998-9880
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Lawrence J. Buto**

CR2E034 (12/95)