

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

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

PROFIT CORPORATION ANNUAL REPORT 1996

DOCUMENT # 832320

1. Corporation Name  
**PWJC Insurance Sales Inc.**

Principal Place of Business      Mailing Address  
 %Tax Dept. 9th Floor      %Tax Dept. 9th Floor  
 1000 Harbor Blvd      1000 Harbor Blvd  
 Weehawken, NJ 07087      Weehawken, NJ 07087

3. Date Incorporated or Qualified      3a. Date of Last Report  
 5/10/74      5/1/94

4. FEI Number      Applied For  
 51-0120742      Not Applicable

5. Certificate of Status Desired      \$0.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes      Yes  No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

CT Corporation System  
1220 S. Pine Island Road  
Plantation, FL 33324

10. Name and Address of New Registered Agent

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 and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Robert J. Bethony	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, NJ 07087	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Dennis J. Hess	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, J 07087	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Dorothy F. Haughey	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, NJ 07087	
TITLE	Asst. Treasurer	<input type="checkbox"/> DELETE
NAME	Louis J. DeVico	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, NJ 07087	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Pierce R. Smith	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, NJ 07087	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Robert Panza	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, NJ 07087	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	100001818799
3.3 STREET ADDRESS	-05/13/96--01055--028
3.4 CITY-ST-ZIP	***200.00
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 reported 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: *Louis J. DeVico*      Louis J. DeVico      Date: 4/26/96      201-902-4323      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORM NOT APPROVED FOR FILING