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**Mar 06 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 # 832320 (6)
1. Corporation Name
PWJC INSURANCE SALES INCORPORATED



Principal Place of Business Mailing Address
**% TAX DEPT. 9TH FLOOR
1000 HARBOR BOULEVARD
WEEHAWKEN NJ 07087**

3. Date Incorporated or Qualified **05/10/1974** 3a. Date of Last Report **05/01/1996**
4. FEI Number **51-0120742** 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 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

**CT CORPORATION SYSTEM
1200 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHONY, ROBERT J.	1.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, DENNIS J	2.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANZA, ROBERT	3.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGHEY, DOROTHY G.	4.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVICO, LOUIS	5.2 NAME	Ken Levine
STREET ADDRESS	1000 HARBOR BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PIERCE	6.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	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 for on an attachment with an address.

SIGNATURE: _____ DATE: **201-902-1328 2/14/97**

CR2E034 (9/96)