

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90169 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 832320

1. Corporation Name
PWJC INSURANCE SALES INCORPORATED



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/10/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		51-0120742	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 25		29 30		<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 the current year intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice-President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BETHONEY, ROBERT J.		1.2 NAME	Rosemary Green			
STREET ADDRESS	1000 HARBOR BLVD.		1.3 STREET ADDRESS	1000 Harbor Blvd.			
CITY-ST-ZIP	WEEHAWKEN NJ		1.4 CITY-ST-ZIP	Weehawken, NJ 07087			
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 F.		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 type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEVINE, KEN		5.2 NAME				
STREET ADDRESS	1000 HARBOR BLVD.		5.3 STREET ADDRESS				
CITY-ST-ZIP	WEEHAWKEN NJ		5.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SMITH, PIERCE		6.2 NAME	William J. Nolan			
STREET ADDRESS	1000 HARBOR BLVD.		6.3 STREET ADDRESS	1000 Harbor Blvd.			
CITY-ST-ZIP	WEEHAWKEN NJ		6.4 CITY-ST-ZIP	Weehawken, NJ 07087			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a different like empowered.

SIGNATURE: Kenneth Levine Date: 4-28-99 (201) 902-4323

CR2E034 (1/98)