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CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # S61924 (4)

1. Corporation Name G.W.E. INSURANCE AGENCY INCORPORATED

Principal Place of Business 35250 S.W. 177 COURT FLORIDA CITY FL 33034 Mailing Address 35250 S.W. 177 COURT FLORIDA CITY FL 33034

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/25/1991 3a. Date of Last Report 06/23/1994

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

4. FEI Number 65-0340585 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, ROBERT J. 35250 S.W. 177 COURT FLORIDA CITY FL 33034

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D 1.1 TITLE 1.2 NAME KENNEDY, ROBERT J. 1.3 STREET ADDRESS 35250 S.W. 177 COURT 1.4 CITY- ST- ZIP FLORIDA CITY FL 2.1 TITLE D 2.2 NAME MORSE, EDWARD J. 2.3 STREET ADDRESS 35250 S.W. 177 COURT 2.4 CITY- ST- ZIP FLORIDA CITY FL 3.1 TITLE D 3.2 NAME JACOBSON, DEBORAH A. 3.3 STREET ADDRESS 2125 BISCAYNE BLVD. 3.4 CITY- ST- ZIP MIAMI FL

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(b), 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. I am an officer or director of the corporation or the predecessor or fusion empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Robert J. Kennedy Signature, typed or printed name of signatory officer or director ROBERT J. KENNEDY

2-6-95 305 246-3415