

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 155301 (5)

1. Corporation Name

HEAD-BECKHAM INSURANCE AGENCY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 3050 BISCAYNE BLVD. #412 MIAMI FL 33137
Mailing Address: 3050 BISCAYNE BLVD. #412 MIAMI FL 33137

3. Date Incorporated or Qualified 06/28/1948	3a. Date of Last Report 03/08/1994
4. FEI Number 59-0588543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
24	30

9. Name and Address of Current Registered Agent

BECKHAM W, WILLIAM E
3050 BISCAYNE BLVD #412
MIAMI FL 33137

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BECKHAM, WILLIAM E.
STREET ADDRESS	3050 BISCAYNE BLVD #412
CITY - ST - ZIP	MIAMI FL
TITLE	VST
NAME	BROOKS, JEANNE
STREET ADDRESS	11943 SW 53 PLACE
CITY - ST - ZIP	COOPER CITY FL
TITLE	D
NAME	SLICK, CHARLES U
STREET ADDRESS	22 WOODCREST AVE.
CITY - ST - ZIP	ALTANTA GA
TITLE	D
NAME	HOMER, CHESTER E
STREET ADDRESS	89 OCEAN AVE
CITY - ST - ZIP	KENNEBUNKPORT (NE)
TITLE	VD
NAME	KALLMAN, THOMAS
STREET ADDRESS	20047 NW 64TH PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	JACOBSON, MARC, D
STREET ADDRESS	115 E RVO ALTO
CITY - ST - ZIP	MIAMI BCH FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELETE
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	KENNEBUNKPORT ME
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VTD KALLMAN, THOMAS
5.3 STREET ADDRESS	1980 LAKE POINT DRIVE
5.4 CITY - ST - ZIP	FT LAUDEDALE FL 33026
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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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; 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: William S Beckham 4/24/95 305/571-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digit Phone #