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**Apr 07 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 # 155301 (5)

1. Corporation Name
HEAD-BECKHAM INSURANCE AGENCY, INC.



Principal Place of Business
**3050 BISCAYNE BLVD. #412
MIAMI FL 33137**

Mailing Address
**3050 BISCAYNE BLVD. #412
MIAMI FL 33137-4100**

3. Date Incorporated or Qualified
06/28/1948

3a. Date of Last Report
04/24/1996

4. FEI Number
59-0588543

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent
**BECKHAM III, 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

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: William E. Beckham, PRESIDENT 4/1/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
**BECKHAM, WILLIAM E.
3050 BISCAYNE BLVD #412
MIAMI FL**

VST DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**BROOKS, JEANNE
11943 SW 53 PLACE
COOPER CITY FL**

D DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**HOMER, CHESTER E
89 OCEAN AVE
KENNEBUNKPORT ME**

VD DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**KALLMAN, THOMAS
1980 LAKE POINT DRIVE
FT. LAUDERDALE FL**

VD DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**JACOBSON, MARC, D
115 E RIVO ALTO
MIAMI BCH FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change 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 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, or on an attachment with an address.

SIGNATURE: William E. Beckham, PRES. 4/1/97 305 571-8000
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)