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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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0588543	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
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: 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BECKHAM, WILLIAM E.	1.2 NAME	
STREET ADDRESS	3050 BISCAYNE BLVD #412	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	
NAME	BROOKS, JEANNE	2.2 NAME	
STREET ADDRESS	11943 SW 53 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HOMER, CHESTER E	3.2 NAME	
STREET ADDRESS	89 OCEAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KENNEBUNKPORT ME	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	KALLMAN, THOMAS	4.2 NAME	
STREET ADDRESS	1980 LAKE POINT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	JACOBSON, MARC, D	5.2 NAME	
STREET ADDRESS	115 E RIVO ALTO	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)