SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 14 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **177698** **(8)**

1. Corporation Name

WINCHELL INS. AGENCY, INC.

Principal Place of Business	Mailing Address
6850 CORAL WAY #207 MIAMI FL 33155	6850 CORAL WAY #207 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/10/1954
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-0718419 ☐ 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	2a. Mailing Address
21 2024 SW 57th Ave	26 2024 SW 57th Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fla	City & State 28 Miami, Fla
Zip 24 33155 Country 25 Dade	Zip 29 33155 Country 30 Dade

9. Name and Address of Current Registered Agent

GOODMAN, JOHN M.J
PROFESSIONAL CENTRE, #214
9000 S.W. 87TH COURT
MIAMI FL 33176

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	BACON,HOWARD	12 NAME	P Bacon, Howard
STREET ADDRESS	6870 CORAL WAY	13 STREET ADDRESS	2024 SW 57th Ave
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Fla 33155
TITLE	VS	21 TITLE	☒ Change ☐ Addition
NAME	BACON,JEAN M	22 NAME	VS Bacon, Jean M
STREET ADDRESS	6870 CORAL WAY	23 STREET ADDRESS	2024 SW 57th Ave
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Fla 33155
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WINCHELL,HAROLD J	32 NAME	
STREET ADDRESS	1400 SYLVANIA BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 addition.

SIGNATURE: Howard Bacon / Howard Bacon 7/11/95 305-266-3695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0050080 CP