

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 263026 (7)

1. Corporation Name

S. SCOTT TINTER INSURANCE AGENCY, INC.



Principal Place of Business

12501 N.W. 7TH AVENUE
P.O. BOX 680340
MIAMI FL 33168

Mailing Address

12501 N.W. 7TH AVENUE
P.O. BOX 680340
MIAMI FL 33168

3. Date Incorporated or Qualified
09/25/1962

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0980959

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOCKENBACH BARBARA
12501 NW 7TH AVE
N. MIAMI FL 33169

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1 1 TITLE ☐ Change ☐ Addition

NAME GOCKENBACH, BARBARA

12 NAME

STREET ADDRESS 1341NW 20TH ST.

13 STREET ADDRESS

CITY- ST- ZIP MIAMI FL

14 CITY- ST- ZIP

TITLE ☐ DELETE

2 1 TITLE ☐ Change ☐ Addition

NAME TINTER, WENDY

22 NAME

STREET ADDRESS 506 PERUSIA AVE.

23 STREET ADDRESS

CITY- ST- ZIP CORAL GABLES FL

24 CITY- ST- ZIP

TITLE ☐ DELETE

3 1 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE ☐ DELETE

4 1 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE ☐ DELETE

5 1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY- ST- ZIP

54 CITY- ST- ZIP

TITLE ☐ DELETE

6 1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY- ST- ZIP

64 CITY- ST- ZIP

TITLE ☐ DELETE

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)(k), 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: *Barbara Gockenbach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 305-681-7401
Date Daytime Phone #

CR2E034 (12/95)