FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # **279587**   (0)

1. Corporation Name

WILLITS INSURANCE AGENCY INC

Principal Place of Business	Mailing Address
500 NW 165 STREET ROAD. #201 PO BOX 69-3960 MIAMI FL 33169	500 NW 165 STREET ROAD. #201 PO BOX 69-3960 MIAMI FL 33169-6387

3. Date Incorporated or Qualified	3a. Date of Last Report
03/17/1964	03/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 *500 NW 165 Street Road*	26 *4150 SW 103 Avenue*	**59-1052890**	Not Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22 *#201*	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23 *Miami, Florida*	28 *Davie, Florida*		
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
24 *33169*	25 *U.S.A.*	29 *33328*	30 *U.S.A.*	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLITS, KENNETH E. ~~500 N.W. 165 STREET ROAD~~ ~~SUITE 201~~ ~~MIAMI FL 33169~~	81 Name *KEN WILLITS* 82 Street Address (P.O. Box Number is Not Acceptable) *4150 S.W. 103 Avenue* 83 84 City *Davie* FL 85 Zip Code *33328*

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 **P**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **WILLITS, KENNETH E**		1.2 NAME	
STREET ADDRESS **500 N W 165 STREET RD**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI, FL 00000**		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ *President*   *2/08/97*   *954-475-8005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #