## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

PO BOX 69-3960 MIAM! FL 33169

500 NW 165 STREET ROAD. #201



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

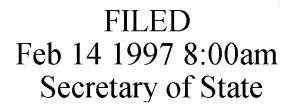
**DOCUMENT # 279587** 

(0)

 Corporation Name WILLITS INSURANCE AGENCY INC

Mailing Address

500 NW 16 STREET ROAD. #201 PO BOX #3960



3a. Date of Last Report

03/22/1006



3. Date Incorporated or Qualified

03/17/1064

					00/11/1004	VV/	PR 1000	
	ace of Business	2a. Mailing Address	1. 7		4, FEI Number 59-1052890		<u> </u>	plied For
	IW 165 STREET HOAD	26 <b>9150 5 W</b> Suite, Apt. #, etc.	10 > 1	yneunc	08_I035080			t Applicable
Suite, Apt 4	0 [	27		·	5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State City & State					6. Election Campaign Financing	_	\$5.00	
3 W 10			<u>-                                    </u>		Trust Fund Contribution	ليا	Added t	o Fees
Zip    <b>33</b> ] (	Country 25 U.SA.	29 <b>33328</b> 3	Country  O	. A.2.	8. This corporation has liability for Florida Statutes		tax under s. No	. 199.032,
	9. Name and Address of Current		10, Name and Address of New Registered Agent					
WILL	jts, kenneth e.	81	BI Name KEN WILLITS					
500	N.W. 165 STREET RUAD		62	Street Addre	ss (P.O. Box Number is Not Accepta	ble)	·····	
<del>-8U</del> IT	<del>E 201</del>		<u> </u>	4150				
MAN	WI FL 33169		B3					
		·	84	City 🔿 .			85 Zip (	Code _
			"	ON DAY	ハモ	FL	. 33	358
II. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	e-named corpo	ration submits this statement for the	purpose o	f changing it	s registered
office or re agent 1 ai	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was aut tions of, Section 607,0505, Flork	tnorizea by da Statute:	/ tne corporations.	on's board of directors, I hereby acce	pt the app	xointment as	registereo
SIGNATURE		,						
	Signature, typical or printed name of registered agon	t and trie if applicable (NO1£. F	Registered Age	ent signature require	d when reinstating)	DATE		
2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND		
ITI,F	Р	☐ DELETE	1.1 TITLE				L Change	Addition
TAME	WILLITS, KENNETH E		1.2 NAME					
TREET ADORESS	500 N W 165 STREET RD		1.3 STREET	ADDRESS				
MY-SI-70	MIAMI, FL 00000		1.4 CITY - 9	ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE	1			L Change	Addition
NAME			2.2 NAME					
STREET ADORESS			2.3 STREET	ADDRESS				
011Y-\$1 - 7IF			2. 4 CITY -	ST-ZIP		<del></del>		
HILE	☐ DELETE		3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET AUDRESS			3.3 STREET	ADDRESS				
DDY-51-76			3.4. CITY -	ST-ZIP				
HILE		DELETE	4.1 TITLE		<del>-</del>		Change	Addition
NAME			4. 2 NAME					
STREET ADORESS			4.3 STREET	ADDRESS				
CITY -SI - ZiP			4.4 CITY - S	ST - ZIP				
I I TLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ACORESS			53 STREET	ADDRESS				
CITY - S1 - ZIP			5.4 CiTY-8	ST-ZIP				
TIT.F		DELETE	61 TITLE				Change	Addition
NAME			62 NAME					
STREET ADDRESS			63 STREET	ADDRESS				
City-S1-ZiP			64 CITY-5					
14. I do hereb	by certify that the information supplied	with this filing does not qualify	for the eve	hateta noitne	in Section 119.07(3)(i), Florida Statut	es. I furthe	r certify that	the
informatio	in indicated on this a riual report or si fficer or director of the permoration or	uppiementaljannual report is trui the receiver or trustee empower	e and acc	urate and that : cute this report	rny signature snail have the same leg as required by Chapter 607. Florida	алепеста: Statutes: a	s if made und and that my r	uer oath, tha name
informatio Lam an of	in indicated on this annual report or si fficer or director of the betrogramon or in Block 12 or Block 13 if changed, or	upplemental <b>f i</b> nnu <b>a</b> l report is trui the receiver or trustee em <u>powe</u> r	e and acco	urate and that cute this report	my signature shall have the same leg as required by Chapter 607, Florida	al effect a Statutes; a	s if made und and that my r	der oath, ti name