

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 396283 (4)

1. Corporation Name
FRANK VAN HEES AGENCY, INC.



Principal Place of Business
- P.O. BOX 540 - Box 1356
FT. MYERS FL 33902

Mailing Address
- P.O. BOX 540 - POB1356
FT. MYERS FL 33902

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**VAN HEES, FRANK
6811 HIBISCUS LANE
FT. MYERS FL 33901**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Section 607.07, Florida Statute, the above named and designated persons submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I, the undersigned, being a director, officer, or shareholder of the corporation, hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Section 607.07, Florida Statute.

SIGNATURE: *Frank Van Hees President*

4/10/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VAN HEES, FRANK	
STREET ADDRESS	6811 HIBISCUS LANE	
CITY, ST, ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VAN HEES, SUSANNE	
STREET ADDRESS	6811 HIBISCUS LANE	
CITY, ST, ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this form is true and correct, and that I am qualified to file this report under Section 119.07, Florida Statute. I further certify that the information included on this form is true and correct, and that I am qualified to file this report under Section 119.07, Florida Statute. I further certify that I am an officer or director of the corporation, or the registered agent, and that my name appears in Book 12 or Book 13 of the Division of Corporations, and that my name appears in Book 12 or Book 13 of the Division of Corporations.

SIGNATURE: *Frank Van Hees Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK VAN HEES

4/10/96 9416560988

CR2E034 (12/95)