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 # **H13943** **(6)**

1. Corporation Name
KENDALL INSURANCE AGENCY, INC.

Principal Place of Business
8245 SW 124 STR
MIAMI FL 33156
US

Mailing Address
8245 SW 124 STR
MIAMI FL 33156
US

3. Date Incorporated or Qualified: **07/23/1984**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-2436310** — 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. Does corporation have liability for interest bearing under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
MACKS, ERROL M.
11331 SW 152 CT
MIAMI FL 33196

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 Section 607.0501, 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. The corporation is aware that any false information submitted in a document to the Department of State for filing may cause this document to be rejected or withdrawn. Effective Date: If applicable, enter the date in the future that you want this document to be effective. Upon filing, this document shall be effective on the date it is filed with the Department of State, unless a future effective date is specified.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	Street Address	City, St, Zip	
PD	MACKS, ERROL	11331 SW 152 CT	MIAMI FL	☐ ADD ☐ DELETE
STD	MACKS, BENITA J.	11331 SW 152 CT	MIAMI FL	☐ ADD ☐ DELETE
				☐ ADD ☐ DELETE
				☐ ADD ☐ DELETE
				☐ ADD ☐ DELETE
				☐ ADD ☐ DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	Street Address	City, St, Zip	
				☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add

14. I do hereby certify that the information supplied with this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify 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 of this report or on an attached page as an officer or director.

SIGNATURE: Errol Macks ERROL MACKS 5/17/96 (305)238-3834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)