

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # K54844**

1. Corporation Name  
**Don Heinrich Insurance Agency Incorporated**

Principal Place of Business	Mailing Address
<b>5341 W. Atlantic Blvd. Margate, Florida 33063</b>	<b>5341 W. Atlantic Blvd. Margate, Florida 33063</b>

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>12-30-88</b>	<b>3a.</b> Date of Last Report <b>4-3-95</b>
<b>4.</b> FEI Number <b>65-0089891</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**Heinrich II, Donald A.**  
**913 N.E. 25th Avenue**  
**Pompano Beach, Florida 33063**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>Sabrina L. Moya</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>1236 Seaview</b>
<b>83</b>
<b>84</b> City <b>N. Lauderdale</b>
<b>85</b> Zip Code <b>FL 33068</b>

**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 *Sabrina L. Moya Pres.* DATE **4-30-96**

**12. OFFICERS AND DIRECTORS**

TITLE	DPV <input type="checkbox"/> DELETE
NAME	<b>Heinrich, Donald A. II</b>
STREET ADDRESS	<b>913 N.E. 25th Avenue</b>
CITY-ST-ZIP	<b>Pompano Beach, Florida 33062</b>
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	<b>Heinrich, Barbara M.</b>
STREET ADDRESS	<b>913 N.E. 25th Avenue</b>
CITY-ST-ZIP	<b>Pompano Beach, Fl. 33062</b>
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**

<b>1.1</b> TITLE	C/D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	<b>Heinrich, Donald A. II</b>
<b>1.3</b> STREET ADDRESS	<b>913 N.E. 25th Avenue</b>
<b>1.4</b> CITY-ST-ZIP	<b>Pompano Beach, Florida 33062</b>
<b>2.1</b> TITLE	P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2</b> NAME	<b>Moya, Sabrina L.</b>
<b>2.3</b> STREET ADDRESS	<b>1236 Seaview</b>
<b>2.4</b> CITY-ST-ZIP	<b>N. Lauderdale, Florida 33068</b>
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**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: *[Signature]* DATE: **4-30-96** (954) 971-7200

CR2E034 (12/95)