

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

5341 W. Atlantic Blvd.
Margate, Florida 33063

Mailing Address

5341 W. Atlantic Blvd.
Margate, Florida 33063

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12-30-88

3a. Date of Last Report

4-3-95

4. FEI Number

65-0089891

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

Heinrich II, Donald A.
913 N.E. 25th Avenue
Pompano Beach, Florida 33063

81

Name

Sabrina L. Moya

82

Street Address (P.O. Box Number is Not Acceptable)

1236 Seaview

83

84

City

N. Lauderdale

FL

85 Zip Code

33068

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

Per.

(NOTE: Registered Agent signature required when reinstating)

4-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE DPV
NAME Heinrich, Donald A. II
STREET ADDRESS 913 N.E. 25th Avenue
CITY-ST-ZIP Pompano Beach, Florida 33062

☐ DELETE

TITLE VT
NAME Heinrich, Barbara M.
STREET ADDRESS 913 N.E. 25th Avenue
CITY-ST-ZIP Pompano Beach, Fl. 33062

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D/S
1.2 NAME Heinrich, Donald A. II
1.3 STREET ADDRESS 913 N.E. 25th Avenue
1.4 CITY-ST-ZIP Pompano Beach, Florida 33062

☒ Change

☐ Addition

2.1 TITLE P/T
2.2 NAME Moya, Sabrina L.
2.3 STREET ADDRESS 1236 Seaview
2.4 CITY-ST-ZIP N. Lauderdale, Florida 33068

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

DATE

(954) 971-7200

Daytime Phone #

CR2E034 (12/95)