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 # K83919 (6)

1. Corporation Name

WENDEL INSURANCE BROKERAGE, INC.

Principal Place of Business	Mailing Address
%WALTER M. WENDEL 4014 GUNN HIGHWAY. SUITE 140 TAMPA FL 33624	%WALTER M. WENDEL 4014 GUNN HIGHWAY. SUITE 140 TAMPA FL 33624

3. Date Incorporated or Qualified 04/27/1989
3a. Date of Last Report 05/01/1995

2. Principal Place of Business
21 11707 Rolling Oaks Ln.
22 Suite, Apt. #, etc
23 City & State Tampa FL
24 Zip 33624
25 Country

2a. Mailing Address
26 11707 Rolling Oaks
27 Suite, Apt. #, etc.
28 City & State Tampa FL
29 Zip 33624
30 Country

4. FEI Number 59-2946330 — 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

9. Name and Address of Current Registered Agent

WENDEL, WALTER M
4014 GUNN HIGHWAY, SUITE 140
TAMPA FL 33624

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 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 _____

Signature typed or printed name of registered agent and title if applicable / (Title) Registered Agent signature required when reinstating / DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	WENDEL, WALTER M	
STREET ADDRESS	4014 GUNN HWY, STE 140	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank rows 1-6, each with TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and ☐ Change ☐ Addition / ☐ DELETE)

CR2E034 (12/95)

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: _Walter M. Wendel_ 5/21/96 813 264-0808
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #