


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90019 034 ***150.00

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| DOCUMENT # P00000062789 | |  |
| 1. Entity Name ALBERT HELLER INSURANCE, INC. | | |
| Principal Place of Business 1307 W PALMETTO PARK RD BOCA RATON, FL 33486-3313 | Mailing Address 1307 W PALMETTO PARK RD BOCA RATON, FL 33486-3313 | |

24003816



01062004 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 65-1025091 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | |
|--|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent HELLER, ALBERT 2081 SONRISA WAY BOCA RATON, FL 33433 | | DO NOT WRITE IN THIS SPACE |
| | | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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|--|--|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HELLER, ALBERT 20851 SONRISA WAY BOCA RATON, FL 33433 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert W. Heller **ALBERT W. HELLER** 01/20/04 561-393-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #