

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 # P93000042429 (9)

1. Corporation Name

MY INSURANCE AGENCY, INC.



Principal Place of Business

9781 W. BROWARD BLVD.
PLANTATION FL 33324
US

Mailing Address

9781 W BROWARD BLVD
PLANTATION FL 33324
US

3. Date Incorporated or Qualified
06/10/1993

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 9779 W BROWARD BLVD

26 9779 W BROWARD BLVD.

4. FEI Number

65-0419599

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PLANTATION, FL

28 PLANTATION, FL

Zip

Country

Zip

Country

24 33324

25 BROWARD

29 33324

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURTH, TERRY
9781 W BROWARD BLVD
PLANTATION FL 33324

81 Name

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

9779 W BROWARD BLVD

83

84 City

PLANTATION

FL

85 Zip Code

33324

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

Terry W. Kurth
Signature of officer or principal, or of registered agent and their approval

TERRY W. KURTH PRESIDENT

4-19-96
DATE

(NOTE: Registered Agent's signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
KURTH, TERRY
STREET ADDRESS 9834 NORTHWEST 2ND COURT
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME D
KURTH, LYDIA
STREET ADDRESS 9834 NORTHWEST 2ND COURT
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition

12 NAME MESSIAH (P.T.S.)

13 STREET ADDRESS KURTH, TERRY

14 CITY-ST-ZIP 10884 NW 2 ST

2 1 TITLE PLANTATION, FL 33324

2 2 NAME V.P. (V)

2 3 STREET ADDRESS 4324 KURTH

2 4 CITY-ST-ZIP 10884 NW 2 ST

3 1 TITLE PLANTATION, FL 33324

3 2 NAME ☐ Change ☐ Addition

3 3 STREET ADDRESS

3 4 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

6 2 NAME

6 3 STREET ADDRESS

6 4 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:

Terry W. Kurth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY W. KURTH PRES,

4-9-96 954-4238410
DATE DAY MONTH YEAR

CR2E034 (12/95)