

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

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AND
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95 APR 25 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000003384 (2)

1. Corporation Name

HOWARD INSURANCE CONSULTANTS, INC.

Principal Place of Business

150 S.W. 12TH AVE.
SUITE 201
POMPANO BEACH FL 33060

Mailing Address

150 S.W. 12TH AVE.
SUITE 201
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/04/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1618 N.W. BOCA RATON BLVD

25 1618 N.W. BOCA RATON BLVD

4. FEI Number

65-0457053

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 BOCA RATON FL

28 BOCA RATON FL

24 ZIP 33432 Country Palm Beach

29 ZIP 33432 Country Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD, CATHLEEN
150 S.W. 12TH AVE.
SUITE 201
POMPANO BEACH FL 33060

81 Name

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

1618 N.W. BOCA RATON BLVD.

83

84 City BOCA RATON

FL

85 Zip Code 33432

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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Cathleen Howard

(CATHLEEN HOWARD, PRES.)

4/15/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOWARD, CATHLEEN
STREET ADDRESS	150 S.W. 12TH AVE., SUITE 201
CITY - ST - ZIP	POMPANO BEACH FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1618 N.W. BOCA RATON BLVD.
1.4 CITY - ST - ZIP	BOCA RATON FL 33432
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
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 related 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:

Cathleen Howard (CATHLEEN HOWARD), PRES.

(Date)

(Typed Name)