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 # **P95000049035 (5)**

1. Corporation Name

GARSHELL INSURANCE CORP.

Principal Place of Business
~~6691 PEMBROKE ROAD~~
~~PEMBROKE PINES FL 33023~~

Mailing Address
~~6691 PEMBROKE ROAD~~
~~PEMBROKE PINES FL 33023~~

2. Principal Place of Business
21 6363 TOFT STREET
Suite, Apt. #, etc.
22 201
City & State
23 Hollywood FL
Zip 24 33024 Country 25 BRWard

2a. Mailing Address
26 6363 TOFT STREET
Suite, Apt. #, etc.
27 SUITE 201
City & State
28 Hollywood FL
Zip 29 33024 Country 30 BRWard

3. Date Incorporated or Qualified: 06/26/1995

3a. Date of Last Report:

4. FEI Number: 65-0590487 ☐ 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 unitary telecommunications taxes under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARSHELL, LEO
~~6691 PEMBROKE ROAD~~
~~PEMBROKE PINES FL 33023~~

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 6363 ~~TOFT~~ TOFT STREET
83 SUITE 201
84 City: Hollywood FL 85 Zip Code: 33024

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	GARSHELL, LEO	
STREET ADDRESS	~~6691 PEMBROKE ROAD~~	
CITY-ST-ZIP	~~PEMBROKE PINES FL 33023~~	
TITLE	TD	☐ DELETE
NAME	GARSHELL, GOLDIE	
STREET ADDRESS	~~13255 SW 7TH COURT STE D-113~~	
CITY-ST-ZIP	~~PEMBROKE PINES FL 33027~~	
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	PSD	☒ Change ☐ Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS	6363 TOFT ST. SUITE 201	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33027	
2.1 TITLE	TD	☒ Change ☐ Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS	6363 TOFT ST. SUITE 201	
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33024	
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		

CR2E034 (12/95)

14. I do 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 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: Leo Garshell President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96
Date

954-986-0035
Daytime Phone #