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 # P95000060716 (4)

1. Corporation Name
CAPE CORAL HEALTH INSURANCE AGENCY INC.

Principal Place of Business
13 NICHOLAS PARKWAY WEST
SUITE B
CAPE CORAL FL 33991

Mailing Address
13 NICHOLAS PARKWAY WEST
SUITE B
CAPE CORAL FL 33991

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/04/1995

3a. Date of Last Report: /

4. FEI Number: 650602352 ☐ 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

AGRUSTI, FRANCES J
13 NICHOLAS PARKWAY WEST
SUITE B
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name: DENNIS A. AGRUSTI
82 Street Address (P.O. Box Number is Not Acceptable): 122 S.E. 12th AVE.
83
84 City: CAPE CORAL FL 85 Zip Code: 33990

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] DENNIS A. AGRUSTI V.P. 4/20/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	AGRUSTI, FRANCES J	
STREET ADDRESS	122 SOUTH EAST 12TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	☐ DELETE
NAME	AGRUSTI, ANGELA J	
STREET ADDRESS	122 SOUTH EAST 12TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
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	VICE PRESIDENT/DIRECTOR	☐ Change ☒ Addition
1.2 NAME	DENNIS A. AGRUSTI	
1.3 STREET ADDRESS	122 S.E. 12th AVE	
1.4 CITY-ST-ZIP	CAPE CORAL FL. 33990	
2.1 TITLE	PRESIDENT	☐ Change ☒ Addition
2.2 NAME	SHERRI L. MORFIS	
2.3 STREET ADDRESS	338 S.E. 32ND AVE.	
2.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904	
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 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: [signature] DENNIS A. AGRUSTI V.P. 4/20/96 (941) 772-0121

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

CR2E034 (12/95)