

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 05 1996 8:00 am
Secretary of State

DOCUMENT # **S08078** (5)

1. Corporation Name

LARMACK INSURANCE BROKERS, INC.



Principal Place of Business

**4232 NW 12TH ST
LAUDERHILL FL 33313**

Mailing Address

**4232 NW 12TH ST
LAUDERHILL FL 33313**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/22/1990

3a. Date of Last Report

08/22/1995

4. FEI Number

65-0223056

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

**MCKENZIE, DOUGLAS M.
4232 NW 12TH ST
LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent (not to be applied)

Signature, typed or printed name of registered agent (not to be applied)

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MCKENZIE, DOUGLAS M**
STREET ADDRESS **4232 NW 12TH ST**
CITY-STATE-ZIP **LAUDERHILL FL**

TITLE **ADD** ☐ DELETE
NAME **DAMIAN MCKENZIE A**
STREET ADDRESS **ADD**
CITY-STATE-ZIP **DIR/VP**

TITLE **ADD** ☐ DELETE
NAME **HENRY MCKENZIE J**
STREET ADDRESS **ADD**
CITY-STATE-ZIP **DIR/VP**

TITLE **ADD** ☐ DELETE
NAME **STANLEY THOMPSON**
STREET ADDRESS **ADD**
CITY-STATE-ZIP **DIRECTOR**

TITLE **ADD** ☐ DELETE
NAME **EMMA WINSTON C**
STREET ADDRESS **ADD**
CITY-STATE-ZIP **DIR/VP**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

CR2E034 (12/95)