FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1997 DOCUMENT # \$17304 (4) D & S INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 20713 NW 2ND AVE. 20713 NW 2ND AVE. MIAMI FL 33169 MIAMI FL 33169-2101 3. Date Incorporated or Qualified 3a. Date of Last Report 12/10/1990 07/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3047398 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 30 Florida Statutes Yes 🔲 No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 61 SUZANNE MATUSOW 20713 NW 2ND AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33169** 83 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: typed or printed name of nigistered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE Change Addition Title 1.1 TITLE TREUSCH, DAVID R2E034 1.2 NAME NAME 493 NE 187TH ST 1.3 STREET ADDRESS STREET ADORESS N MIAMI BCH FL CITY-ST 26 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MATISOW, SUZANNE NAME 2.2 NAME 493 NE 167TH ST STREET ADORESS 2.3 STREET ADDRESS N MIAMI BCH FL 2.4 CITY-ST-ZIP DELETE Change Addilion 11116 31 TITLE NAME 3.2 NAME 3.3 STREET AODRESS STREET ADDRESS 34. CITY-ST-ZIP City - ST-ZIP DELETE ___ Addition 4.5 TATLE 1011.6 NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY - ST. ZIP DELETE Change Addition 5.1 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESSS 5.4 CITY-ST-ZIP CHY-ST-ZIF DELETE ☐ Change Addition 6.1 TITLE THEF 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CDY-ST-ZiP 14. I do hereby cert by 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 eath; 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 Fam an efficer or director of the corporation or he receiver or trost appears in Block 12 or Block 13 if changed, or on an attentional with an addrese