

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 # S20831 (1)

1. Corporation Name

JUDY B. WILLIAMS INSURANCE AGENCY, INC.



Principal Place of Business

9350 S. DIXIE HIGHWAY
PENTHOUSE IV
MIAMI FL 33156

Mailing Address

9350 S. DIXIE HIGHWAY
PENTHOUSE IV
MIAMI FL 33156

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
12/26/1990

3a. Date of Last Report
04/27/1995

4. FEI Number
65-0231420

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

GERBER, JACK B.
9130 S DADELAND BLVD
STE 1703
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

9400 S Dadeland Blvd

83

PH 5

84 City

Miami

FL

85 Zip Code

33156

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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
	D WILLIAMS, JUDY B	9350 S. DIXIE HWY PH IV	MIAMI FL	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE

13.

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition
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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:

Judy Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

3X 629454

CR2E034 (12/95)