

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90086 008 ***150.00

DOCUMENT # S70743

1. Corporation Name

D.H. WILLIAMS INSURANCE ASSOCIATES, INC.

Principal Place of Business

2500 HOLLYWOOD BLVD.
STE 212
HOLLYWOOD FL 33020

Mailing Address

2500 HOLLYWOOD BLVD.
STE 212
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1991

4. FEI Number

65-0262478

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MANELLA, ROSS
2500 HOLLYWOOD BLVD.
STE 212
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
JOSEPH P. KLAPHOLZ, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
2500 Hollywood Boulevard
83 Suite 212
84 City
Hollywood FL 85 Zip Code
33020

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	WILLIAMS, DAVID H.	1650 S.W. 23RD TERRACE	FORT LAUDERDALE FL	<input type="checkbox"/>
VST	BERG, JOEL A.	4000 ISLAND BLVD. 1106	N. MIAMI BEACH FL	<input checked="" type="checkbox"/>
D	BERG, JOEL A.	4000 ISLAND BLVD. 1106	N. MIAMI BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PDS				<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	DONNA MARIE SMITH	1500 Cordova Road, Suite 306	Fort Lauderdale, Fl. 33316	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	DIANE STOLL	1500 Cordova Road, Suite 306	Fort Lauderdale, Fl. 33316	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)-925-3355

Daytime Phone #

CR2E034 (1/98)