## 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

<b>DOCUME</b>	NT #	V11	1973

(7)

1. Corporation Name

NOFIL INSURANCE AGENCY, INC.

2. Pricing Place of Buriness   2. Mailing Address   2. Mailing Address   2. Mailing Address   3. Date in conjunction of Country   2. Suite Address   3. Suite Addre	Principal Place 3750 GUNN H SUITE 3A TAMPA FL 33	<b>IIGHWA</b> Y	Mailing Address  3750 GUNN HIGHWAY SUITE 3A TAMPA FL 33688							
Suite April 6, etc.							02/06/1992	_		
Substitute	······	ace of Business	├── <b>┑</b> ॅ						<b>├</b>	
27		#. etc.					59-310/216			
City & State  28  29  Country  28  29  Country  9. Name and Address of Current Registered Agent  NOELL, MICHAEL H. 3750 GUNN HIGHWAY SUITE 3A  TAMPA FL  11. Passumet to the produces of Sections 677 650° and 637 650°, Fonds Stateties  12. OFFICERS AND DIRECTORS  13. Signer Address  14. Passumet to the produces of Sections 677 650° and 637 650°, Fonds Stateties  15. Supering and Address of Current Registered Agent  16. Election Compage Prinancing Agent with a Country of Principle Country  16. This composition has liability for intemplate as under a 1990 302, Fonds Stateties  16. This composition has liability for intemplate as under a 1990 302, Fonds Stateties  16. This composition has liability for intemplate as under a 1990 302, Fonds Stateties  17. Name and Address of New Registered Agent  18. Note:  18. Note:  18. Note:  18. Supering Address  1	22		<u>├</u> ¬				5. Certificate of Status Desired			
29		?	City & State	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing			
Section   Sect				<del></del>		1.			Adde	ed to Fées
NoELL   MICHAEL H. 3750 GUNN HICHWAY   82   84   City   FL   85   Zip Code		F-7	F		ry				ax under s	199.032,
NOELL, MICHAEL H. 3750 GUNN HIGHWAY SUITE 3A TAMPA FL 33688  11. Pursuint to the provisions of Soctions 607 5052 and 607 1508, Fonds Statutes, the above named corporation submits the statement for the purpose of changing from patient of the original statement for the purpose of changing statement	24			30]	<del></del> -			_	Annt	
SIDER ADDITIONS OF THE PROBLEM STAND HIGHWAY SUITE 3A TAMPA FL 33888  1.1. Pursuant to the provisions of Suctions 607 0502 and 607 1508, Florical Statches, the above named corporation submits this statement for the purpose of changing its registered office familiar with an accept the collegistoring of Suction Collegistoring of Succion Collegistoring of Succion Collegistoring of Supplementations are registered agent. I am registered agent in the State of Florical Statches and accept the collegistoring of Supplementations are registered office familiar with an accept the collegistoring of Supplementations are registered office familiar with an accept the collegistoring of Supplementations are registered office familiar with an accept the collegistoring of Supplementations are registered office familiar with a registered office familiar and registered office				E	1 Name		U. Hame and Address of New H	cgistered	Agent	
3750 GUNN HIGHWAY   SUITE 3A   TAMPA FL 33688	NOELL, A	MICHAEL H.		-	<b>a</b> 0		/D O Do No.		<del> </del>	
TAMPA FL 33688  84	3750 GU	NN HIGHWAY		ľ	Street	Address	(C.O. box number is not acceptab	iej		
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Floridal Statutes, the above named corporation submits the statement for the purposes of changing its registered diffect or negotiated signat, or both, in the State of 100-da. State thank the statement of the purposes of changing its registered diffect or negotiated signation of both in the State of 100-da. State thank the statement of the purposes of changing its registered diffect or negotiated signation of both in the State of 100-da. State thank the statement of the purposes of changing its registered diffect or negotiated signation of both in the State of 100-da. Statement of the purposes of changing its registered diffect or negotiated signation of the purposes of changing its registered diffect or negotiated signation of the purposes of changing its registered diffect or negotiated signation. It is not to the purposes of changing its registered diffect or negotiated signation of the purposes of changing its registered diffect or negotiated signation. It is not to the purposes of changing its registered diffect or negotiated signation of the purposes of changing its registered diffect or negotiated signation. It is not negotiated signation of the purposes of changing its registered diffect or negotiated signation of the purposes of changing its registered diffect or negotiated signation of the purpose of changing its registered diffect or negotiated signation of the purposes of changing its registered signation of the purpose of changing its registered diffect or negotiated signation of the purpose of changing its registered signation of the purpose of the purpose of the purpose of				E	3					
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 of fine or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, if am	TAMPA F	L 33688		8	4 City				85 7	ın Code
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Signatur	or register	ed agent, or both, in the State of Flo	uz and 607.1508, Florida Statut vida: Such change was authoriz	es, the above red by the co	r-named o poration's	corporations s board of	n submits this statement for the pur fairectors. Thereby accept the appo	pose of cha pintment as	anging its registered	registered official
12		n, and accept the obligations of Se	1001 607.0505, Florida Statutes	S				, ,,		J
12. OFFICERS AND DIRECTORS  ITILE  INCELL, MICHAEL H.  3750 GUNN HIGHWAY, #3A  TAMPA FL  ITILE  NAME  SIREET ADDRESS  CITY-ST-ZP  TOLE  T		Signature, typed or pricted han e of registers lagi	ent and bleed applicable. (N)	DIE Hajorena A	 ertsgrature	regulated whe	n remstating)	DATE	- 76	
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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				6.4 CITY	ST-ZIP	L				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96 Degree Proce #