

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 # **V50541 (4)**

1. Corporation Name
HERB WELLS INSURANCE AGENCY, INC.



Principal Place of Business	Mailing Address
6142 MIRAMAR PKWY. SUITE B MIRAMAR FL 33023 US	6142 MIRAMAR PKWY. SUITE B MIRAMAR FL 33023 US

3. Date Incorporated or Qualified 07/14/1992	3a. Date of Last Report 04/11/1995
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21. Principal Place of Business 21 6142 Miramar Pkwy Suite, Apt. #, etc Ste. D City & State Miramar, Florida Zip 33023-3940	2a. Mailing Address 26 6142 Miramar Pkwy Suite, Apt. #, etc Suite D City & State Miramar, Florida Zip 33023-3940	29 33023-3940	30 Broward	4. FEI Number 65-0347737	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22 Ste. D	27 Suite D			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Miramar, Florida	28 Miramar, Florida			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 33023-3940	25 Broward	29 33023-3940	30 Broward	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WELLS, HERBERT A., JR. 6142 MIRAMAR PKWY. SUITE B MIRAMAR FL 33023				81 Name	HERBERT A. WELLS JR.		
				82 Street Address (P.O. Box Number is Not Acceptable)	6142 Miramar Pkwy		
				83	Suite D		
				84 City	Miramar	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 *Herb Wells* (Print name of registered agent and title) *Herb Wells* (Print name of registered agent and title) DATE *April 15, 1996*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, HERB A., JR.	1.2 NAME	
STREET ADDRESS	6142 MIRAMAR PKWY, S-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 on an attachment with an address.

SIGNATURE: *Herbert A. Wells* AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *April 15, 1996* (Date) *(954) 964-2010* (Daytime Phone #)

CR2E034 (12/95)