

**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

**FILED**  
**Apr 29 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 175536 (2)**

1. Corporation Name

**ASSOCIATED INDUSTRIES INSURANCE COMPANY**



Principal Place of Business

Mailing Address

901 N.W. 51ST STREET  
BOCA RATON FL 33431

P.O. 310704  
BPCA RATON FL 33431  
US

3. Date Incorporated or Qualified  
**10/05/1953**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-0714428**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUTTER, EDWARD L  
106 EAST COLLEGE AVENUE  
12TH FLOOR HIGHPOINT CENTER  
TALLAHASSEE FL 32302**

81 Name

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

83

84 City

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHEBEL, JON L	
STREET ADDRESS	516 N. ADAMS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITE, FRANK T	
STREET ADDRESS	516 N. ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WEST, ROBERT T	
STREET ADDRESS	516 N. ADAMS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	DAVIS, WAYNE T	
STREET ADDRESS	516 N. ADAMS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	SPEARMAN, GUY M	
STREET ADDRESS	516 N. ADAMS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 of change form or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
JON L. Shebel

Signature and typed name of registered agent and title if applicable

03-01-96

(305) 772-2700

Date

Daytime Phone #

CR2E034 (12/95)