FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:56

DOCUMENT # **G52115** **(4)**

1. Corporation Name
ASSOCIATED AUTO ASSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
940 PARK AVE. STE.101 LAKE PARK FL 33740 US	940 PARK AVE. STE.101 LAKE PARK FL 33740 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1983
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 531 US Hwy #1	26 531 US Hwy #1
Suite, Apt. #, etc. 22 # B	Suite, Apt. #, etc. 27 #B
City & State 23 NO. PALM BCH FL	City & State 28 NO PALM BCH FL
Zip 24 33408	Country 25 PALM BCH
Zip 29 33408	Country 30 PALM BCH

4. FEI Number: 59-2607140 ☐ 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	10. Name and Address of New Registered Agent
KURTZ, JOHN D. 388 SOUTH MILITARY TRAIL WEST PALM BEACH FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☐ Change ☐ Addition
NAME	KURTZ, JOHN	12 NAME	
STREET ADDRESS	388 SOUTH MILITARY TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	LASH, FRANK	22 NAME	
STREET ADDRESS	1546 42ND ST.	23 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	TP	31 TITLE	☐ Change ☐ Addition
NAME	LASH, ELEANOR T	32 NAME	
STREET ADDRESS	1546 - 42ND ST	33 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: FRANK LASH 4/01/1995 863-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0243003 CP