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

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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # H29906 (5)

1. Corporation Name
STATE AUTO TAG AND INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
~~10050 SUNSET STRIP~~ ~~SUNRISE FL 33322~~	~~10050 SUNSET STRIP~~ ~~SUNRISE FL 33322~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1984

4. FEI Number: 59-2490885 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8280 Griffin Rd	26 8280 Griffin Rd
Suite, Apt. #, etc. 22 Davie, FL.	Suite, Apt. #, etc. 27 Davie, FL.
City & State 23	City & State 28
Zip 24 33328 Country 25 USA	Zip 29 33328 Country 30 USA

9. Name and Address of Current Registered Agent

BOVEE, BARRY F.
~~10050 SUNSET STRIP~~
~~SUNRISE FL 33322~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8280 Griffin Rd.
83
84 City Davie FL 85 Zip Code 33328

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	BOVEE, WENDY L.		1.2 NAME		
STREET ADDRESS	~~10050 SUNSET STRIP~~		1.3 STREET ADDRESS	Same 8280 Griffin Rd.	
CITY-ST-ZIP	~~SUNRISE FL~~		1.4 CITY-ST-ZIP	Davie, FL. 33328	
TITLE	PST	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	BOVEE, BARRY F.		2.2 NAME		
STREET ADDRESS	~~10050 SUNSET STRIP~~		2.3 STREET ADDRESS	Same 8280 Griffin Rd.	
CITY-ST-ZIP	~~SUNRISE FL~~		2.4 CITY-ST-ZIP	Davie, FL. 33328	
TITLE	V	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	BOVEE, BRIAN B		3.2 NAME		
STREET ADDRESS	~~10050 SUNSET STRIP~~		3.3 STREET ADDRESS	Same 8280 Griffin Rd.	
CITY-ST-ZIP	~~SUNRISE FL~~		3.4 CITY-ST-ZIP	Davie, FL. 33328	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ 3/27/98 (954) 434-6515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0292906