

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
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DOCUMENT # H29906 (5)
1. Corporation Name
STATE AUTO TAG AND INSURANCE AGENCY, INC.

Principal Place of Business
10050 SUNSET STRIP
SUNRISE FL 33322

Mailing Address
10050 SUNSET STRIP
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

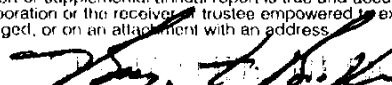
2. Principal Place of Business 21 8280 Griffin Rd Suite, Apt. #, etc. 22 DAVIE, FL. City & State 23 Zip 33328 Country USA		2a. Mailing Address 26 8280 Griffin Rd Suite, Apt. #, etc. 27 DAVIE, FL. City & State 28 Zip 33328 Country USA		3. Date Incorporated or Qualified 11/14/1984	
4. FEI Number 59-2490885		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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		8. Name and Address of New Registered Agent	

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) 83 8280 Griffin Rd. 84 City DAVIE FL 85 Zip Code 33328	
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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 NAME STREET ADDRESS CITY-ST-ZIP	D BOVEE, WENDY L. 10050 SUNSET STRIP SUNRISE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SAME 8280 Griffin Rd. DAVIE, FL. 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BOVEE, BARRY F. 10050 SUNSET STRIP SUNRISE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SAME 8280 Griffin Rd. DAVIE, FL. 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOVEE, BRIAN B 10050 SUNSET STRIP SUNRISE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SAME 8280 Griffin Rd. DAVIE, FL. 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0292006

CR2E034 (10/97)