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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K06955** **(4)**

1. Corporation Name
CASH REGISTER AUTO INSURANCE OF SANFORD, INC.

Principal Place of Business	Mailing Address
% LLOYD E. REGISTER 1535 N. MAITLAND AVENUE MAITLAND FL 32751	% LLOYD E. REGISTER 1535 N. MAITLAND AVENUE MAITLAND FL 32751-3317

3. Date Incorporated or Qualified: 12/14/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: 59-2853267 ☐ 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

REGISTER, LLOYD E.
1535 N. MAITLAND AVENUE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REGISTER, LLOYD E. III		1.2 NAME		
STREET ADDRESS	507 FORESTWOOD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REGISTER, SHARON		2.2 NAME		
STREET ADDRESS	507 FORESTWOOD CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOROWITZ, RANDY		3.2 NAME		
STREET ADDRESS	1919 FRENCH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	PACE, ERICK		4.2 NAME		
STREET ADDRESS	1535 N MAITLAND AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REGISTER, LLOYD E IV		5.2 NAME		
STREET ADDRESS	535 N MAITLAND AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REGISTER, TIMOTHY Z		6.2 NAME		
STREET ADDRESS	535 N MAITLAND AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: SIGNATURE REQUIRED 4/8/97