

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M08956** (8)

1. Corporation Name

**A ALL ABOUT INSURANCE, INC.**



Principal Place of Business: **825 S FEDERAL HWY DEERFIELD BEACH FL 33441**  
Mailing Address: **825 S FEDERAL HWY DEERFIELD BEACH FL 33441**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>12/14/1984</b>  | 3a. Date of Last Report<br><b>03/03/1995</b>           |
| 4. FEI Number<br><b>59-2501237</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21. Suite, Apt. #, etc         | 26. Suite, Apt. #, etc |
| 22. City & State               | 27. City & State       |
| 23. Zip Country                | 28. Zip Country        |
| 24. Zip Country                | 29. Zip Country        |

|   |  |  |                       |
|---|--|--|-----------------------|
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent           |                       |
| <b>SEELEY, CATHELINE E.<br/>SEELEY, KEITH P<br/>1424 SE 14TH AVE<br/>DEERFIELD BEACH FL 33441</b> |  | 81. Name   |                       |
|   |  | 82. Street Address (P.O. Box Number is Not Acceptable) |                       |
|   |  | 83.  |                       |
|   |  | 84. City   | <b>FL 85</b> 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's signature is required when re-registering) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS      |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |   |
|---------------------------------|--|--|---|
| TITLE                           | NAME   | 11. TITLE  | 12. NAME  |
| <input type="checkbox"/> DELETE | <b>P<br/>SEELEY, CATHERINE E.<br/>1424 S.E. 14 AVE.<br/>DEERFIELD BEACH FL</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <i>Sec + Treas.<br/>Keith P. Seeley<br/>9354 Gettysburg Rd<br/>Boca RATON, FL 33434</i> |
| <input type="checkbox"/> DELETE | <b>V<br/>SEELEY, CLIFFORD E.<br/>1424 S.E. 14 AVE.<br/>DEERFIELD BCH. FL</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| <input type="checkbox"/> DELETE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| <input type="checkbox"/> DELETE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| <input type="checkbox"/> DELETE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| <input type="checkbox"/> DELETE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| <input type="checkbox"/> DELETE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **6-19-96** 954-429-0778

CR2E034 (3/96)