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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M93726

(1)

DOCUMENT #

1. Corporation Name AMERICAN INSURANCE SERVICES CORPORATION Principa! Place of Business 1300 E BROWARD BLVD. STE 2 P O BOX 4348 P O BOX 4848 P O BOX 4848							
P O BOX 4848 FT. Lauderoale FL 33338		FT. LAUDERDALE FL 33338		3. Date Incorporate for Qualified 08/08/1988	3a. Date of	Date of Last Report 04/28/1995	
					08/08/1988	U4/	/28/1995
2. Principal Plac	ce of Business	2a. Mailing Address	;		4. FET Number 65-0066773		Applied For
Suite, Apt. #.	alo	26					Not Applicable 8.75 Additional
2	, 61 0.	27	0.		5. Certificate of Status Desired		Fee Required
City & State		City & State		• •	6. Election Campaign Financing		\$5.00 May Be
3		28			Trust Fund Contribution		Added to Fees
Zφ	Country	Zip	Country		8. This corporation has liability for	r intangible tax ui os ∷∏No	nder s 199.032,
4	25 25 Name and Address of Current	Registered Agent	<u> </u>		f lorida Statutes [] Ye 10. Name and Address of New		
	W		81	Name			-
PERLO	FF, JOHN W.		82	Otrock Ada	dress (P.O. Box Number is Not Accepta	able)	
	.E. THIRD AVE.		02	Street Add	gress (F.O. Dox Normbol is Not Accepted	uner)	
FT. LAU	JDERDALE FL 33316		83				
			84	City			35 Zip Code
			L	l	oration submits this statement for the pu	PL	
	d agent, or both, in the State of Florid				ard of directors. Thereby accept the app	pointment as reg	jistered ägent. I am
familiar with SIGNATURE _	, and accept the obligations of, Section	on 607.0505, Florida Sta	itutes.				
familiar with	, and accept the obligations of, Section Ignature typed or printed name of registered agent a OFFICERS AND	on 607.0505, Florida Sta	thorized by the corputates. (NOTE: Registed Age: 13.			DARE	RECTORS IN 12
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SIGNATURE: R State De L. MITCH RENERPE, PRESIDENT 3/8/96 954-761-2337