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Secretary of State

03-09-1999 90088 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P10106

1. Corporation Name
ACCELERATION NATIONAL INSURANCE COMPANY

Principal Place of Business
ACCELERATION NATIONAL INS
12603 SOUTHWEST FWY #315
STAFFORD TX 77477
US

Mailing Address
ACCELERATION NATIONAL INS
12603 SOUTHWEST FWY. #315
STAFFORD TX 77477
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/14/1986

4. FEI Number **31-0989212** 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 the current year Intangible Personal Property Tax. Yes No

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

22. Suite, Apt. #, etc. City & State Zip Country

23. City & State Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address Suite, Apt. #, etc. City & State Zip Country

27. Suite, Apt. #, etc. City & State Zip Country

28. City & State Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDBERG, THOMAS H	1.2 NAME	Douglas J. Coats
STREET ADDRESS	12603 SOUTHWEST FREEWAY STE 315	1.3 STREET ADDRESS	12603 Southwest Freeway STE 315
CITY-ST-ZIP	STAFFORD TX 77477	1.4 CITY-ST-ZIP	Stafford Tx 77477
TITLE	VDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, NICHOLAS Z.	2.2 NAME	
STREET ADDRESS	7970 GREENSIDE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, DOUGLAS J	3.2 NAME	
STREET ADDRESS	12603 SOUTHWEST FREEWAY, STE 315	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAFFORD TX 77477	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CYNTHIA A	4.2 NAME	
STREET ADDRESS	12603 SOUTHWEST FREEWAY STE 315	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAFFORD TX 77477	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONOUGH, STEPHEN P	5.2 NAME	Robert Estlund
STREET ADDRESS	12603 SOUTHWEST FREEWAY, STE 315	5.3 STREET ADDRESS	12603 Southwest Freeway, STE 315
CITY-ST-ZIP	STAFFORD TX 77477	5.4 CITY-ST-ZIP	Stafford, Tx 77477
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE _____ 2/26/99 281-565-8010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)