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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000018026 (3)

1. Corporation Name  
PASCO NO-FAULT INSURANCE AGENCY, INC.

Principal Place of Business  
3800 U.S. 19  
NEW PORT RICHEY FL 34652

Mailing Address  
3800 U.S. 19  
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/09/1993

3a. Date of Last Report  
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

4. FEI Number  
59-3174840

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

10. Name and Address of New Registered Agent

CASSANESE, LISA S  
9204 RUGER DR.  
NEW PORT RICHEY FL 34655

81 Name  
MICHAEL A. SUAREZ

82 Street Address (P.O. Box Number is Not Acceptable)  
4317 Barcelona Street

84 City  
Tampa

85 Zip Code  
FL 33629

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]* Michael A. Suarez DATE: 5-18-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: CASSANESE, LISA S  
STREET ADDRESS: 9204 RUGER DR.  
CITY - ST - ZIP: NEW PORT RICHEY FL 34655

1. 1 TITLE: P  
2. 2 NAME: Michael A. Suarez  
3. 3 STREET ADDRESS: 4317 Barcelona Street  
4. 4 CITY - ST - ZIP: Tampa, FL 33629

TITLE: D  
NAME: CASSANESE, ROBERT L  
STREET ADDRESS: 9204 RUGER DR.  
CITY - ST - ZIP: NEW PORT RICHEY FL 34655

2. 1 TITLE:  Change  Addition  
2. 2 NAME: 100001513141  
2. 3 STREET ADDRESS: -05/14/95--01077--007  
2. 4 CITY - ST - ZIP: \*\*\*\*200.00 \*\*\*\*200.00

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

3. 1 TITLE:  Change  Addition  
3. 2 NAME:   
3. 3 STREET ADDRESS:   
3. 4 CITY - ST - ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

4. 1 TITLE:  Change  Addition  
4. 2 NAME:   
4. 3 STREET ADDRESS:   
4. 4 CITY - ST - ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

5. 1 TITLE:  Change  Addition  
5. 2 NAME:   
5. 3 STREET ADDRESS:   
5. 4 CITY - ST - ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

6. 1 TITLE:  Change  Addition  
6. 2 NAME:   
6. 3 STREET ADDRESS:   
6. 4 CITY - ST - ZIP:

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)(b), 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 as a change or on an attachment with an address.

SIGNATURE: *[Signature]* Michael A. Suarez DATE: 4-20-95 (813) 846-0699

REMITTED BY MAY 1

RC