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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000043189 (8)**

1. Corporation Name
AMERICAN INSURANCE DESIGN, INC.

Principal Place of Business	Mailing Address
2809 EAST JACKSON STREET ORLANDO FL 32803	2809 EAST JACKSON STREET ORLANDO FL 32803-6468

3. Date Incorporated or Qualified: 06/18/1993
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business	2a. Mailing Address
21 1964 HOWELL BRANCH RD	26 1964 HOWELL BRANCH RD
Suite, Apt. #, etc. 22 STE 106	Suite, Apt. #, etc. 27 STE 106
City & State 23 WINTER PARK FLORIDA	City & State 28 WINTER PARK FLORIDA
Zip / Country 24 32792-1042 25 SEMINOLE	Zip / Country 29 32792-1042 30 SEMINOLE

4. FEI Number: 59-3187967 ☐ 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
SEBASTIAN, JOHN E 2809 EAST JACKSON STREET ORLANDO FL 32803	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1964 HOWELL BRANCH RD 83 STE 106 84 City: WINTER PARK FL 85 Zip Code: 32792-1042

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 _____ (JOHN E. SEBASTIAN) 1/23/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SEBASTIAN, JOHN E 2809 E. JACKSON STREET ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/V/T/S/D 1964 HOWELL BRANCH RD, STE 106 WINTER PARK, FLORIDA 32792-1042	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ (JOHN E. SEBASTIAN) 1/23/97 407/679-0020