## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000059752 (3) A.I.S. INSURANCE SCHOOL OF POMPANO, INC.

2860 N.E. 23RD AVENUE LIGHTHOUSE POINT FL 33064

Principal Place of Business

Mailing Address

2860 N.E. 23RD AVENUE LIGHTHOUSE POINT FL 33064

## **FILED** Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1994 4. FEI Number

						08/11/1994				
	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21		26				65-0510447		N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					N-2	\$8.75	Additional	
22		27				5. Certificate of Status Desired	Ж		equired	
City & State City & State						6. Election Campaign Financing		\$5.00	Mav Be	
23 28						Trust Fund Contribution			to Fees	
Zip	The state of the s			ntrv						
24			30	ະດ		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New F				
					,	10,	<del>ogidio.ca</del>	Agent		
DEBORAH L. TAYLOR					81 Name					
2860 NE 23RD AVE.				82 Street Address (P.O. Box Number is Not Acceptable)						
LIGHTHOUSE POINT FL 33064				83						
				83						
			f	84 City				85 Zip	Code	
							FL	. [[	1	
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 Deborah L. Taylor, Director 1118198										
Signature, typed or printed name of regiot(=red gent and title It applicable. (NOTE: Registered Agent signature required when reinstating)  1DATE  1DATE										
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOF	RS IN 12	
TITLE	D	☐ DELETE	1.1 TIT	LE				☐ Change	☐ Addition	
NAME	Kiser, John R		1,2 NA	ME	1					
STREET ADDRESS	2825 N.E. 23RD AVE.		1.3 ST	REET ADDRESS					İ	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			Y-ST-ZIP						
TITLE	D	DELETE	2.1 TIT		<u> </u>	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	TAYLOR, DEBORAH L	<del>-</del>	2,2 NAI							
STREET ADDRESS	2222 11 - 2222 11 -		•	REET ADDRESS					ĺ	
CITY-ST-ZIP	110177101107 70177 71 2222		1							
TITLE			2. 4 CH	Y-ST-ZIP	ļ			Change	A delition	
ſ			1		[	,		L Criange	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3,3 STR	EET ADDRESS					ļ	
CITY - ST - ZIP		F 1		Y-ST-ZIP						
TITLE			4.1 TITE					Change	Addition	
NAME			4. 2 NA	ME					f	
STREET ADDRESS			4.3 STR	EET ADDRESS						
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	1					
TITLE		DELETE	5.1 TML	Ę	1			Change	□ Addition	
NAME			5.2 NAN	ΛE						
STREET ADDRESS			5.3 STR	EET ADDRESS	1					
CITY-ST-ZIP			5.4 CM	r-ST-ZIP	İ				F	
TITLE		DELETE	6.1 TITL		İ			Change	Addition	
NAME			6.2 NAN							
STREET ADDRESS				EET ADDRESS					ł	
CITY-ST-ZIP				-ST-ZIP						
14. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exer	notion state	ed in Se	ction 119.07(3)(i), Florida Statutes	further ce	dify that the	information	
14. I 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.										