FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # S24918 (2)

1. Corporation Name

CASH REGISTER AUTO INSURANCE OF COCOA, INC.

Principal Place of Business
1535 NORTH MAITLAND AVENUE
MAITLAND FL 32751

Mailing Address
1535 NORTH MAITLAND AVE
MAITLAND FL 32751
US

3. Date Incorporated or Qualified: 01/14/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3045352 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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**

REGISTER, LLOYD E.
1535 NORTH MAITLAND AVENUE
MAITLAND FL 32751

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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	REGISTER, LLOYD E.	
STREET ADDRESS	507 FORRESTWOOD COURT	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	☐ DELETE
NAME	REGISTER, SHARON	
STREET ADDRESS	507 FORRESTWOOD COURT	
CITY-ST-ZIP	MAITLAND FL	
TITLE	P	☒ DELETE
NAME	BACHELLER, CHRISTOPHER	
STREET ADDRESS	442 CANDLESTICK AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	ST	☐ DELETE
NAME	PACE, ERICK	
STREET ADDRESS	1535 N MAITLAND AVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	☐ DELETE
NAME	REGISTER, LLOYD E IV	
STREET ADDRESS	1535 N. MAITLAND AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	900001817329	
4.1 TITLE	-05/13/96--01003--038	☐ Change ☐ Addition
4.2 NAME	***208.75	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	☐ Change ☒ Addition
6.2 NAME	Timothy Z. Register	
6.3 STREET ADDRESS	1535 N. Maitland ave.	
6.4 CITY-ST-ZIP	Maitland, FL 32751	

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)(k), 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: [signature] Erick Pace 4/16/96 407-260-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)