

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S34689** (7)

1. Corporation Name
A B A AUTO INSURANCE, INC.



Principal Place of Business: **3656 N ANDREWS AVE OAKLAND PARK FL 33309-5267**
Mailing Address: **3656 N ANDREWS AVE OAKLAND PARK FL 33309-5267**

3. Date Incorporated or Qualified: **02/28/1991**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

4	FEI Number	Applied For
	65-0248583	Not Applicable
5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name	BILLIE ELLEN STEINBERG
82	Street Address (P.O. Box Number is Not Acceptable)	3656 N. ANDREWS AVE.
83		
84	City	OAKLAND PARK
85	State	FL
86	Zip Code	33309

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: *Billie-ElLEN Steinberg*
Signature of person performing change of chapter 607.0505, Florida Statutes (Registered Agent, Registered Agent and Secretary)

1/26/96
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, FRANCISCO	2. NAME	
STREET ADDRESS	3656 N ANDREWS AVE	3. STREET ADDRESS	
CITY- ST- ZIP	OAKLAND PARK FL	4. CITY- ST- ZIP	
TITLE	VST	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, BILLIE ELLEN	6. NAME	
STREET ADDRESS	3656 N ANDREWS AVE	7. STREET ADDRESS	
CITY- ST- ZIP	OAKLAND PARK FL	8. CITY- ST- ZIP	
TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, BILLIE ELLEN	10. NAME	
STREET ADDRESS	3656 N ANDREWS AVE	11. STREET ADDRESS	
CITY- ST- ZIP	OAKLAND PARK FL	12. CITY- ST- ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY- ST- ZIP		16. CITY- ST- ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY- ST- ZIP		20. CITY- ST- ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY- ST- ZIP		24. 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)(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: *Billie-ElLEN Steinberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BILLIE-ELLEN STEINBERG

1/26/96 (Date)
(305) 563-7505 (Telephone Number)

CR2E034 (12/95)