FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015419 (2)**

1. Corporation Name

ACE AUTO INSURANCE OF SOUTH DAYTONA, INC.

Principal Place of Business	Mailing Address
1570 MADRUGA AVE #309 CORAL GABLES FL 33146	1570 MADRUGA AVE #309 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

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

4. FEI Number: 59-3226455 ☐ 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

GOLDMAN, ROGER S
1570 MADRUGA AVE #309
CORAL GABLES FL 33146

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if signer other (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P, D ☒ Change ☐ Addition
NAME	GOLDMAN, LAWRENCE M	12 NAME	Goldman, Lawrence M.
STREET ADDRESS	1570 MADRUGA AVE #309	13 STREET ADDRESS	1570 Madruga Ave #309
CITY ST ZIP	CORAL GABLES FL 33146	14 CITY ST ZIP	Coral Gables FL 33146
TITLE		21 TITLE	VP, D, S ☐ Change ☒ Addition
NAME		22 NAME	Goldman, Alina M.
STREET ADDRESS		23 STREET ADDRESS	1570 Madruga Ave #309
CITY ST ZIP		24 CITY ST ZIP	Coral Gables, FL 33146
TITLE		31 TITLE	VP, D, T ☐ Change ☒ Addition
NAME		32 NAME	Jenkins, Anita J.
STREET ADDRESS		33 STREET ADDRESS	5265 Park Boul.
CITY ST ZIP		34 CITY ST ZIP	Pinellas Park, FL 34665
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Conrad, Thomas
STREET ADDRESS		43 STREET ADDRESS	5265 Park Boul.
CITY ST ZIP		44 CITY ST ZIP	Pinellas Park, FL 34665
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Alina M. Goldman V.P. 4-26-95 305 663-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180033 CP