

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 518908

**FILED**  
**Jul 13, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN INSURANCE UNDERWRITERS, INC.

**Current Principal Place of Business:**

7825 BAYMEADOWS WAY  
SUITE 125A  
JACKSONVILLE, FL 322567557 US

**New Principal Place of Business:**

8515 BAYMEADOWS WAY  
SUITE 402  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:**

7825 BAYMEADOWS WAY  
SUITE 125A  
JACKSONVILLE, FL 322567557 US

**New Mailing Address:**

8515 BAYMEADOWS WAY  
SUITE 402  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-1712261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ELLINOR, VINCENT B P  
7825 BAYMEADOWS WAY  
125A  
JACKSONVILLE, FL 322567557 US

**Name and Address of New Registered Agent:**

SHAPIRO, JOEL R  
8515 BAYMEADOWS WAY  
SUITE 402  
JACKSONVILLE, FL 322567557 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOEL R. SHAPIRO

07/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHAPIRO, JOEL R  
Address: 8515 BAYMEADOWS WAY SUITE 402  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D  
Name: SHAPIRO, JOEL R  
Address: 7825 BAYMEADOWS WAY SUITE 402  
City-St-Zip: JACKSONVILLE, FL 322567557 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOEL R. SHAPIRO

P

07/13/2012

Electronic Signature of Signing Officer or Director

Date