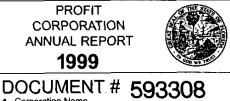
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90023 004 *1,650.00

ALLIED /	AUTO INSURANCE, INC. O	F FORT LAUDERDALE						
Principal Place	e of Business	Mailing Address					#1811 DIVIL #1811	DIQII 3 1811 1881
831 E OAKLAND PK BLVD P.O. BOX 272995 P.O. BOX 272995 BOCA RATON FL 33427 831 E OAKLAND PK BLVD P.O. BOX 272995 BOCA RATON FL 33427						DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 11/14/1978	S SPACE	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		oplied For
21	ace or pasitions	26				59-1868929		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zîp	Coun	try		8. This corporation owes the current year In		
24	25	29	30			Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Curren	nt Registered Agent	-	81	Name	10. Name and Address of New Registered	Agent	
STEVENS, KEVIN M. 831 E OAKLAND PK BLVD				82		ddress (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE, FL. KFL			-	83				
. •			L	_\				
				84	City	FI	_ 85 Zip t	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.								registered egistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered A	\gent	t signature required	d when reinstating) DATE		
12.	<u> </u>	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12
TITLE	Р	☐ DELETE		1.1 TITLE			Change	Addition
NAME	1212110; 1121111 1111		1.2 NAM	1.2 NAME				
STREET ADORESS			1.3 STF	1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CIT	_	r-ZIP			- A 132:
TITLE	DV						☐ Change	☐ Addition
NAME	STEVENS, BRIAN D		2.2 NAM					
STREET ADDRESS			1	2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CIT	_	T-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TM					
NAME			3.2 NAM		ADDRESS			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP 4.1 TITLE			Change	☐ Addition
TITLE NAME		E. CLEEF	4. 2 NA				_ •	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CIT					
TITLE		☐ DELETE 5.17		_			Change	☐ Addition
NAME			5.2 NAM	ИE				
STREET ADDRESS			5.3 STF	REET	ADORESS			
CITY+ST-ZIP			5.4 CIT	Y-ST	F-ZIP			
TITLE		☐ DELETE	. 6.1 TITI		7		Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STF	REET	r ADDRESS			ł

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: