

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **593310** (6)
1. Corporation Name
ALLIED AUTO INSURANCE, INC. CUTLER RIDGE

95 JUN 14 9 05

Principal Place of Business Mailing Address
**20906 S. DIXIE HWY
P.O. BOX 27296
BOCA RATON FL 33427**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **11/14/1978** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1868933** 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

2. Principal Place of Business Mailing Address
21 **617 S. STATE RD 7** 26 **617 S. STATE RD 7**
Suite, Apt. #, etc Suite, Apt. #, etc
22 **PO Box 27296** 27 **PO Box 27296**
City & State City & State
23 **HOLLYWOOD, FL** 28 **BOCA RATON, FL**
Zip Country Zip Country
24 **33223** 25 **BROWARD** 29 **33427** 30 **FLA**

9. Name and Address of Current Registered Agent
**STEVENS, KEVIN M.
20906 SOUTH DIXIE HIGHWAY
CUTLER RIDGE, FL FL 33167**

10. Name and Address of New Registered Agent
81 Name **STEVENS, KEVIN M. 40 Allied Auto INS**
82 Street Address (P.O. Box Number is Not Acceptable) **617 South STATE ROAD 7**
83
84 City **HOLLYWOOD** FL 85 Zip Code **33223**

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 agent 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) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, KEVIN M	1.2 NAME	
STREET ADDRESS	737 BAYBERRY TERR	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	1.4 CITY, ST, ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, BRIAN D	2.2 NAME	
STREET ADDRESS	1400 NE 57 ST #205	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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: Kevin Stevens 5/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)