## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 617801 1. Corporation Name

MOTOR VEHICLE ASSURANCE ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address							
2781 WEST S.R. 434		2781 WEST S.R. 434							
Longwood Fl	. 32779	LONGWOOD FL 32779	LONGWOOD FL 32779			DO NOT WRITE IN THIS SPACE			
					-	. Date Incorporated or C		JI AOL	
					3.	04/17/1979	qualifeu		
				<del></del>		. FEI Number		1 1 4 5	plied For
2. Principal P	lace of Business	2a. Mailing Address			4.				t Applicable
21		26				<u>59-1893305</u>			:-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	. Certifcate of Status De	sired	\$8.75 A	
22		27					<del>-</del>		<del>'</del>
City & Stat	e	City & State			6.	. Election Campaign Fin		\$5.00	
23		28				Trust Fund Contributio		Added t	) rees
Zip	Country	Zip	Cou	intry	8.	. This corporation owes			□No
24	25	29	30	1		Personal Property Tax  Name and Address of		Yes	
	9. Name and Address of Curre	nt Registered Agent		81 Nam		. Name and Address o	I New Kegistered	Agent	
eun	THE LANCE D	:		o I Ivalii	•				
SMITH, LANCE D 2781 W. STATE ROAD 434			82 3		t Address (	P.O. Box Number is Not	Acceptable)		
		•		<u> </u>		15 32 7 9 15 44	Pro Carle Ares & S. S. Berg	elyanti i dea trigila a Millio etate alabeta	SZ BORTORE
LUN	IGWOOD FL 32779			83		Control of the Contro			
				84 City		1 15 6 15 15 15 15 15 15 15 15 15 15 15 15 15	A CALL DE STATE OF STATE	85 Zip (	óde
								<u> </u>	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the a	bove-name	d corporation	on submits this statemen	t for the purpose of	f changing its	registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obliging the colors.	e of Florida. Such change was jations of, Section 607.0505, F	lorida Stati	utes.	poration s b	DOZIG OF GIRECTORS. I TICTOR	by doodpi ino appo		,
	•					,			
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NO	TE: Registered	Agent signatu	e required when	reinstating)	DATE		
12	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICERS A		
TITLE	PD	☐ DELETÉ	1,1 Tf	TLE		1 1911		Change	☐ Addition
NAME	SMITH, SCOTT P.		1.2 NA	AME					
STREET ADDRESS	2781 W.S.R. 434		1.3 \$7	TREET ADDRES	is		•		
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CF	TY-ST-ZIP					
TITLE	S	☐ DELETE	2.1 TI	TLE				Change	Addition
NAME	MAY, IRIS								
STREET ADDRESS	0704 W 0 D 7404		2.2 N	AME					
CITY-ST-ZIP				AME TREET ADDRES	SS .				
O/11 O1 2.	LONGWOOD FL 32779		2.3 ST		ss				
TITLE	LONGWOOD FL 32779	☐ DELETE	2.3 ST	TREET ADDRES	ss			. Change	Addition
TITLE	LONGWOOD FL 32779	☐ DELETE	2.3 ST 2.4 C	TREET ADDRES :ITY-ST-ZIP TLE	ss			Change	Addition
NAME		☐ DELETE	2.3 ST 2.4 C 3.1 Ti 3.2 N/	TREET ADDRES SITY-ST-ZIP TLE AME			V 40, 154 (N. 124	Change	Addition
NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 C 3.1 Ti 3.2 N/ 3.3 ST	TREET ADDRES  ITY-ST-ZIP  TLE  AME  TREET ADDRES		A. 144 3	v - 11, 15, 10 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 ST 2.4 C 3.1 Ti 3.2 N/ 3.3 ST	TREET ADDRES  ITY-ST-ZIP  TLE  AMÉ  TREET ADDRES  ITY-ST-ZIP				☐ Change	
NAME STREET ADDRESS C/TY-ST-ZIP TITLE			2.3 ST 2.4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4, C	TREET ADDRES  TITY-ST-ZIP  TLE  AME  TREET ADDRES  TITY-ST-ZIP  TLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(* 10.000 * 集) (* 10.000 * 集)	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	通りは 対しは 予確		2.3 ST 2.4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N	TREET ADDRES  TITY-ST-ZIP  TLE  AME  TREET ADDRES  TITY-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL	ss	2 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		(* 10.000 * 集) (* 10.000 * 集)	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	通りは 対しは 予確		2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4, C 4.1 TT 4.2 N 4.3 ST	TREET ADDRES  LITY-ST-ZIP  TLE  AME  LITY-ST-ZIP  TLE  TLE  LAME  TREET ADDRES  TREET ADDRES	ss	2 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		(* 10.000 * 集) (* 10.000 * 集)	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	通りは 対しは 予確	☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4, C 4.1 TT 4.2 N 4.3 ST 4.4 CI	TREET ADDRES TITY-ST-ZIP TLE AME TREET ADDRES TITY-ST-ZIP TLE TREET ADDRES TREET ADDRES	ss			(* 10.000 * 集) (* 10.000 * 集)	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	通りは 対しは 予確		2.3 ST 2.4 C 3.1 Ti 3.2 Nv 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 Ti	TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE IAME TREET ADDRESS	ss			?! · · · · · · · · · · · · · · · · · · ·	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4 C 4.1 TF 4.2 N 4.3 ST 4.4 CF 5.1 TF 5.2 N/	TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE IAME TREET ADDRESS	SS SS			?! · · · · · · · · · · · · · · · · · · ·	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	2.3 ST 2. 4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST	TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TLE TREET ADDRESS	SS SS			?! · · · · · · · · · · · · · · · · · · ·	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 4.4 CF 5.1 TF 5.2 N/ 5.3 ST 5.4 CF	TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TLE IAME TREET ADDRESS	SS SS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 S' 5.4 CI 6.1 TI	TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS	SS SS			?! · · · · · · · · · · · · · · · · · · ·	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 CI 6.1 TI 6.2 N	TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE IAME TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE TREET ADDRESS TREET ADR	SS	Single Surface Control of the Contro		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 CI 6.1 TI 6.2 N	TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS	SS			Change	☐ Addition

14. I 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.

SIGNATURE:

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90012 021 \*\*\*150.00