


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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90079 026 \*\*\*158.75

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 679680**

1. Corporation Name  
**"CASH" REGISTER AUTO INSURANCE OF CASSELBERRY, I NC.**

|   |   |
|---|---|
| Principal Place of Business<br>1535 N. MAITLAND AVE.<br>MAITLAND FL 32751 | Mailing Address<br>1535 N. MAITLAND AVE.<br>MAITLAND FL 32751 |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |                                       |  |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>07/24/1980</b>   | 4. FEI Number<br><b>59-2076996</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |  |

|  |  |
|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 <b>1299 E. Altamonte Sp. Dr.</b><br>City & State<br>23 <b>Altamonte Spg. FL</b><br>Zip<br>24 <b>32701</b> Country<br>25 <b>US</b> | 2a. Mailing Address<br>26 <b>1535 N Maitland Ave</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>Maitland FL</b><br>Zip<br>29 <b>32751</b> Country<br>30 <b>US</b> |
|--|--|

9. Name and Address of Current Registered Agent

**REGISTER, LLOYD**  
**1535 N. MAITLAND AVE.**  
**MAITLAND FL 32751**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | DC                      | <input type="checkbox"/> DELETE |
| NAME           | REGISTER, LLOYD         |                                 |
| STREET ADDRESS | 507 FORESTWOOD CT.      |                                 |
| CITY-ST-ZIP    | MAITLAND FL             |                                 |
| TITLE          | DST                     | <input type="checkbox"/> DELETE |
| NAME           | PACE, ERICK             |                                 |
| STREET ADDRESS | 1535 N MAITLAND AVE     |                                 |
| CITY-ST-ZIP    | MAITLAND FL             |                                 |
| TITLE          | VPDV                    | <input type="checkbox"/> DELETE |
| NAME           | REGISTER, LLOYD E IV    |                                 |
| STREET ADDRESS | 1535 N. MAITLAND AVENUE |                                 |
| CITY-ST-ZIP    | MAITLAND FL             |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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: SIGNATURE REQUIRED Erick Pace 3/31/99 407 260 2220  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)