

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F38174** (1)

1. Corporation Name

AA INSURANCE ASSOCIATES & CONSULTANTS CORPORATION
N

Principal Place of Business

**16317 WEST DIXIE HWY.
N. MIAMI BEACH FL 33160**

Mailing Address

NEW MAILING ADDRESS
"CHANGE YOUR RECORDS"
AA INS ASSOC & CONS CORP
P.O. BOX 601423
N. MIAMI BCH, FL 33160-1423



2. Principal Place of Business

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified
07/17/1981

3a. Date of Last Report
03/27/1995

4. FET Number

59-2108118

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

9. Name and Address of Current Registered Agent

DWAKE, WAYNE R.
16317 W DIXIE HWY
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature of person to be registered agent (if not the corporation's officer or director)

Signature of Registered Agent (signature required when registering)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

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13. NEW MAILING ADDRESS

"CHANGE YOUR RECORDS"
AA INS ASSOC & CONS CORP
P.O. BOX 601423
N. MIAMI BCH, FL 33160-1423

☒ Change ☐ Addition

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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:

Wayne R. Dake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WAYNE R. DAKE

1/31/96 (305) 944-2886
Date and Phone Number

CR2E034 (12/95)