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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F38174 (1)
1. Corporation Name
AA INSURANCE & MORTGAGE CORPORATION

Principal Place of Business

~~10017 WEST DIXIE HWY.~~
N. MIAMI BEACH FL 33160

2069 NE 163 St.,
NMB FL, 33162

Mailing Address

AA Insurance & Mortgage Corp.
P.O. BOX 601423
N. MIAMI BEACH FL 33160-1423
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/17/1981

3a. Date of Last Report

02/08/1996

4. FEI 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.

~~10017 W DIXIE HWY~~ 2069 NE 163 St.,
~~N MIAMI BEACH FL 33160~~ NMB FL, 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS ☐ DELETE

NAME DWAKE, WAYNE R.
STREET ADDRESS ~~P.O. BOX 601423~~ 2069 NE 163 ST.
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE TD ☐ DELETE

NAME DWAKE, WAYNE R.
STREET ADDRESS P.O. BOX 601423 2069 NE 163 ST.
CITY-ST-ZIP N MIAMI BEACH FL NMB FL 33162

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVS ☐ Change ☐ Addition

12 NAME DWAKE, WAYNE R.
13 STREET ADDRESS 2069 NE 163 ST.
14 CITY-ST-ZIP N. MIAMI BCH, FLA 33162

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Wayne R. Dwake* Wayne R. Dwake, President 3/13/97 (305) 944-2886

CR2E034 (9/96)