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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

A+ IN	NSURANCE AGENCY, INC.	• •			
Principal Pla	ace of Business	Mailing Address		4 LOOKING LADI BIRKI HOODI DIKUK BAKK BADI DIDIK K	(DIN SAUDA) ÖYÜLK GARAY DARIN ADDA
2141 DREW ST P. O. BOX 4870 CLEARWATER FL 34618-4870		2141 DREW ST P. O. BOX 4870 CLEARWATER FL 34618-4870		DO NOT WRITE IN THI	IS SPACE
มร		US		 Date Incorporated or Qualified 12/08/1981 	
2, Principal	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2042076	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	nto.	City & State			Fee Required
23	લાઇ	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the corporation of the corporat	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Cur			10. Name and Address of New Registers	ed Agent
К	ING, LEE R		81 Name		
2425 HARN BLVD. CLEARWATER FL 34624			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
Obbattivites 1 E Groce			83		
			84 City		85 Zip Code
office of	registered agent, or both, in the Si	tate of Florida, Such change was	authorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	appointment as registered
SIGNATURE		bligations of, Section 607.0505, F	lorida Statutes.		
*	Signature, typed or professione of regularity	d agent and title if applicable (NC AND DIRECTORS	lorida Statutes.		ND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registering OFF ICERS	d agent and title if applicable (NC	lorida Statutes. DE Registered Agent signature requ	uired when reinstating) DATE	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registering OFFICERS P KING, LEE R.	d agent and title if applicable (NC AND DIRECTORS	IOrida Statutes. IE. Registered Agent signature requ 13. 1.1 TiTLE 1.2 NAME	uired when reinstating) DATE	ND DIRECTORS IN 12
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6.4 CiTY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Mar 24 1998 8:00am

Secretary of State