FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:49

DOCUMENT # F70132 (8)

1. Corporation Name
A-AUTO INSURANCE WORLD OF WEST PALM BEACH, INC.

Principal Place of Business	Mailing Address
~~830 NW 13TH ST~~	~~830 NW 13TH ST~~
~~GAINESVILLE FL 32601~~	~~GAINESVILLE FL 32601~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1210 S. Washington	26 1210 S. Washington
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Titusville FL	28 City & State: Titusville FL
24 Zip: 32780 25 Country	29 Zip: 32780 30 Country: U.S.A.

4. FEI Number: 59-2256597 ☐ 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	10. Name and Address of New Registered Agent
~~HAZY, CAROL;~~ ~~830 NW 13TH ST~~ ~~GAINESVILLE FL 32601~~	81 Name: Lowell Enlow 82 Street Address (P.O. Box Number is Not Acceptable): 1210 S. Washington 83 84 City: Titusville FL 85 Zip Code: 32780

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: Lowell M. Enlow LOWELL M. ENLOW 3/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ENLOW, LOWELL M.	1.2 NAME	
STREET ADDRESS	234 MARIAH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, STEPHEN M.	2.2 NAME	
STREET ADDRESS	275 W. GRANADA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	LUCAS, STEVEN W	3.2 NAME	
STREET ADDRESS	214 TIMBERCOVE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Lowell M. Enlow LOWELL M. ENLOW 3/27/95 407-269-7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032000 CP