

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G23468 (3)

1. Corporation Name

KAZARIAN AUTO INSURANCE OF ORLANDO, INC.

APPROVED
AND
FILED

95 MAY -1 PM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1200 EAST COLONIAL DRIVE
ORLANDO FL 32803

Mailings Address

1200 EAST COLONIAL DRIVE
ORLANDO FL 32803

3. Date of Incorporation (in quarter)
02/10/1983

3a. Date of last Report
06/06/1994

2. Date of this Report (in quarter)

21. Date of this Report (in quarter)

22. Date of this Report (in quarter)

23. Date of this Report (in quarter)

24. Date of this Report (in quarter)

28. Mailing Address

26. Mailing Address

27. Mailing Address

28. Mailing Address

29. Mailing Address

30. Mailing Address

4. FIC Number
59-2261826

Applied For
Not Applicable

5. Certificate of Status (Domestic)

**\$8.75 Additional
Fee Required**

6. Election Campaigns (Federal and
Trust Fund Contributions)

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for interstate tax under 11-11-11
Florida Statute ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KAZARIAN, RALPH N.
1200 EAST COLONIAL DRIVE
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that I am a duly qualified officer or director of the corporation. I understand that this statement is for the purpose of filing the report of the corporation with the Department of State, and that the filing of this statement is a condition of the corporation's right to do business in the State of Florida.

12.

**PD
KAZARIAN, RALPH N.
1200 E COLONIAL DR.
ORLANDO FL
S
LAUT, REGINA A
528 MERIDALE AVE
ORLANDO FL**

13.

REGISTERED OFFICER AND DIRECTOR

NAME

NAME

NAME

NAME

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGINA A. LAUT

04-28-95 (400) 898 2434