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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G35212

(1)

ASSOCIATED INSURANCE OF ORLANDO, INC.

Principal Place of Business

% JOANNE M. DOLAN 3127 CORRINE DRIVE ORLANDO FL 32803

Mailing Address

% JOANNE M. DOLAN 3127 CORRINE DRIVE ORLANDO FL 32803-2205 FILED

97 AUG 26 AM 8: 27

SECRETARY OF STATE

3. Date Incorporated or Qualified

04/21/1983

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3a. Date of Last Report

07/24/1996

					04/21/1983	07/24/	1000		
	lace of Business	2a. Mailing Addre	SS		4. FEI Number		Applied For		
21		26			59-2283220 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional		
	4	27			Tr obtained or elated begins		Fee Required		
City & State	e	City & State			6. Election Campaign Financing		5.00 May Be		
Zip	Country	28			Trust Fund Contribution		Added to Fees		
4	├ ─¬ ′	Zip		untry	8. This corporation has liability for				
4	25 9. Name and Address of Curr	ent Registered Agent	30	Τ	Florida Statutes 10. Name and Address of New I	Yes No			
DOL	AN, JOANNE M.	The state of the s		81 Name	10. Name and Address of New P	Indiatalen ydel	16		
	CORRINE DRIVE								
ORLANDO FL 32803				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84 City		FL 85	'		
•1. Pursuant t	to the provisions of Sections 607.0! egistered agent, or both, in the Sta	502 and 607.1508, Florida	a Statutes, the a	bove-named con	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of char	nging its registered		
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0	505, Florida Sta	tules.	ation a coard of directors. Thereby acc	ebruie abboiliti	ioni as registered		
SIGNATURE									
12.	Signature, typed or printed name of registered a	agent and title if applicable	(NO1E: Registers	d Agent signature requ		DATE	E07000 (LL 40		
ITLE	n OF FICEHS A	DELI		ITI E	ADDITIONS/CHANGES TO OFF		ECTORS IN 12 Change		
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CITY-ST-ZIP	PST	DEL!	1.4 C ETE 2.1 T	ITY-ST-ZIP ITLE	*****2	80.00 **	***200.00		
CITY-ST-ZIP TITLE NAME	PST DOLAN, JOÁNNE M	DELI	1.4 C ETE 2.1 T 2.2 N	ITY - ST - ZIP ITLE AME	****2	80.00 **	***200.00		
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