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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
DIVIS'ON OF CORPORATIONS

1996

DOCUM							
1. Corporation	MENT # G799 4	45 (3	3)				
•	DLY AUTO INSURANCE O	F WINTER PARK.	INC.				
Principal Place of Business Mailing Address							
			LLOYD E. REGISTER				
1535 N. MAITLAND AVE. 1535 N. MAITLAND AVI MAITLAND FL 32751 MAITLAND FL 32751					2. Data because shad as O self-red. 20. Data of Lost Datast		
					Date Incorporated or Qualified 01/23/1984	3a. Date of Last Report 05/01/1995	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For	
1	···	26			59-2379626	Not Applicab	
Suite, Apt. #	I, etc.	Suite, Apt. #, etc).		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Flection Can paign Financing	\$5.00 May Be	
3		28			Trust Fund Contribution	Added to Fees	
Zıp	Country	Zip	Cour	try	8. This corporation has liability fo		
4	25	29 	30		Florida Statutes Ye 10. Name and Address of New	S No	
	9. Name and Address of Currer	it Hegistered Agent		B1 Name	IU. Name and Address of New	negistered Agent	
DEĠISI	TER, LLOYD E.		-	32 Street Ad	Address (P.O. Box Number is Not Acceptable)		
	I. MAITLAND AVE.		ľ	52 Street At	galless (F.O. Dox Nomber is Not Accepta	solej	
	ND FL 32751		[33			
			-	84 City 85 Zip Code			
				<u></u>	poration submits this statement for the p	FL 85 Zip Code	
SIGNATURE _	Signative, typed or printed have of regulated age of OFFICERS AN		(NOTE Repolated)	lgor' sig lature req	(मारका) प्रशीक्षण तक राज्य को सम्बद्धा	OA*E	
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NAME	register, lloyd e. III		1 1 TH	i.E	ADDITIONS/CHANGES TO OF	Change Addition	
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4. I do hereby certify that the information is upplied with this liting is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(ii), Florida Statutes. 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 changes, or or an attighting twith an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WANE OF SIGNING OFFICER OF DIRECTOR

Erick Pace 4/16/06 407 2608 330

CR2E034 (12/95)