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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # H29348 (0)

1. Corporation Name

AAA BUDGET INSURANCE SERVICES, INC.



Principal Place of Business

Mailing Address

4645 UNIV. BLVD. S.
STE. 5
JAX FL 32216
US

4345 UNIV. BLVD. SOUTH
STE. 5
JAX FL 32216
US

2. Principal Place of Business

2a. Mailing Address

21 4345 University Blvd. S.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5

27

City & State

City & State

23 JAX

28

Zip

Country

Zip

Country

24 32216

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPH, LAURIE ANN
4345-5 UNIVERSITY BLVD. S.
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and how it applies.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME D
STREET ADDRESS JOSEPH, LAURIE ANN
CITY - ST - ZIP 4345 UNIVERSITY BLVD. S., SUITE 5 JACKSONVILLE FL

TITLE
NAME
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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Laurie A. Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 904-731-5045
Date Daytime Phone #

CR2E034 (12/95)