FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H84873

(9)

AMERICAN INSURORS OF PALM HARBOR, INC.

Principal Place of Business

2628 BENTLEY DR.

Mailing Address

2628 BENTLEY DR.

FILED Apr 30 1997 8:00am Secretary of State



PALM HARBOR FL 34684		PALM HARBOR FL 34684-1803			
				3. Date Incorporated or Qualified 11/12/1985	3a. Date of Last Report 04/26/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2628 BENTLEY DR 26 2628		26 2628 BG	NTLOY OR	59-2614094	Not Applicable
Suite, Apt.	28 BENTLEY DR #, etc. HARBOIZ F1	27	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & Stato		6. Election Campaign Financing	\$5.00 May Be
23 3468	4	28 PALM HARI	Country 30 Procus	Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25 PINELLAS	29 34684	30 FINEUMS		Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
BUGELLI, JOSEPH F.			81 Name		
	B BENTLEY DR.		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
PAL	M HARBOR FL 34684				
			83		
			84 City		FL 85 Zip Code
44 6	10 6 6070(00	d 007 4500 fteelde 012 a		rporation submits this statement for the p	
office or re agent. I a	egistered agent, or both, in the State of maniper with, and accept the obliga	of Florida, Such change was a tions of Section 607.0505, Florida	authorized by the corpora orida Statutes.	rporation submits this statement for the patients board of directors. I hereby acceptions	of the appointment as registered
SIGNATURE	Ignature, typed or printed name of registered agric	Land title if applicable (NOT	E: Registered Agent signature req	·	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	VP	DELETE	1.1 3 ITLE		Change Addition
NAME	BUGELLI, JOSEPH F.		1.2 NAME		
STREET ADDRESS	2628 BENTLEY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY - ST - ZIP		
TITLE	P	☐ DELETE	21 TIILE		Change Addition
NAME	BUGELLI, NANCY M.		2.2 NAME		
STREET ADDRESS	2628 BENTLEY DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		2 4 City - St - ZiP		
TITLE		☐ DELETE	3.1 THLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. C(1Y - S1 - Z(P		
TITLE		☐ DELETE	4.1 111LE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TOLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	G.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-\$1-7IP		
A Lala have	to a series of the series of t	and the train of the same and according	L. Leville at amounting state	ad in Caption \$10.07/2\/\ldot\ Elorida Statuto	a 1 f. milion agaiffu illian illia

not nereby certify that the information supplied with this filling 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 tegal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapterd or on an alterbright with an address. appears in Block 12 or Block 13 if changed, or on an attachment with an address