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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

H92180

A ABILITY COVER ALL INSURANCE AGENCY, INC.

Principal Place o	f Business	Mailing Address	g Address		n seemen main main sama temat minin mant disekt diskt atent minit gibly brisit 1000	
236 E. EAU GALLIE BLVD. INDIAN HARBOUR BCH FL 32937		236 E. EAU GALLIE BLVD. INDIAN HARBOUR BCH FL 32837				
					12/26/1985	3a. Date of Last Report 01/30/1995
2. Principal Plac	se of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			59-2619905	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired [\$8.75 Additional Fee Required	
Orly & State: - 23]		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zq)	Country 25	Ζιρ 29	7ip Country 29 30		8. This corporation has liability for inta	
. Е	9. Name and Address of Curr		1		10. Name and Address of New Reg	Istered Agent
			81	Name		
MORIARTY, PATRICK J. 1518 WALDORF CIR. N.E.			82	Street Add	ress (P.O. Box Nuniber is Not Acceptable)	
	ALDORF CIR. N.E. AY FL 32905		83			
		·	84	City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607 1508. Florida Statute	es the above-r	amed corpo	ration submits this statement for the purpo	se of changing its registered office
famear with, SIGNATURE	and accept the obligations of Se	ection 607.0505, Florida Statutes	Et Registered Agen		and of directors. I hereby accept the appoint	ment as registered agent. I am
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
Til.f	VTD	☐ DELETE	1 1 THE			Change Addition
NAME	MORIARTY, PATRICK J.		1.2 NAME			
S REFEABURESS	1518 WALDORF CIR. N.E.	•	1 3 STREET	ADDRESS		
OHY-SI-Zir	PALM BAY FL		1.4 CHY-ST-ZIP			
III.f	PSD Moriarty, Maureen A.	☐ DELETE				Change Addition
NAME COLUMN ASSESSMENT	1518 WALDORF CIR. N.E.		2 2 NAME 2 3 STREET ADDRESS			
STREET ADDRESS	PALM BAY FL	•				
003 ST 265 1013	TALMIDATIL	[] DELETE	24 CiTY-S 3 1 TITLE	1 - 71P		Change Addition
NAME		□ -·····	3.2 NAME			bhangs hadron
STREET ADDRESS			33 STREET	ANDRESS		
City St 2#			3.4 CiTY-S	ļ		
Till):		DELFIE	4 1 TITLE			Change Addition
VW	,		4.2 NAME			
S RELEASEDERS			4 3 STREET	ADDRESS		•
5-1Y-5U-ZiF			4.4 CiTY-S	1 - ZiP		
Telef	[] DELETE		5 1 TITLE		☐ Change ☐ Addition	
NW			5.2 NAME			
STREET ADDINESS			53 STREET	ADDRESS		
Offy St. 26			54 CITY-S	1 - 716'		
TIALE		[] DEFETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADE.B. 55			63 STHEFT			
Oly \$1.70°	countify the think they had a make a make a second	Justification Change in the Community	64 CITY-S			Old Production
cert fy that t oath, that I a	he information indicated on this ac	nual report or supplemental anni poration or the receiver or truster	ual report is tru e empowered t	e and accura	for the exemption stated in Section 119 07 ate and that my signature shall have the sa is report as required by Chapter 607, Florid	me legal effect as if made under

SIGNATURE: