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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K03707** **(2)**

1. Corporation Name

ABLE INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
3330 - 2ND AVE., N. STE. 9 LAKE WORTH FL 33461 US	3330 2ND AVE., N. STE. 9 LAKE WORTH FL 33461 US

2. Principal Place of Business	2a. Mailing Address
21	26
22 Street Address	27 Street Address
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: **11/23/1987**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **65-0020187** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

YOUNGS, RANDALL J.
237 WALTON HEATH DRIVE
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

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 (Typed or Printed Name of Person Signing) (Title of Person Signing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P	1.1 TITLE	President
NAME	YOUNGS, RANDALL J.	1.2 NAME	
STREET ADDRESS	374 GLENBROOK DR.	1.3 STREET ADDRESS	374 Glenbrook
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	
TYPE	V	2.1 TITLE	
NAME	CATE, WILLIAM G.	2.2 NAME	
STREET ADDRESS	3093 BUCCANEER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	
TYPE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TYPE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TYPE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TYPE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

☐ DELETE ☐ Change ☐ Addition

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)(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 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: Randall J. Youngs 2-9-96 (407) 439-9046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)