FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

Jim Smith, Secretary of State, DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 28 PM 4:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K28775 (0)

1. Corporation Name

FLORIDA AUTO INSURANCE OF LAUDERDALE, INC.

Principal Place of Business	Mailing Address
% RICHARD GOLDSTONE 105 EAST SUNRISE BLVD. FT. LAUDERDALE FL 33304	% RICHARD GOLDSTONE 105 EAST SUNRISE BLVD. FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1988

3a. Date of Last Report: 04/12/1994

2. Principal Place of Business (21):

Suite, Apt. #, etc. (22):

City & State (23):

Zip (24): Country (25):

2a. Mailing Address (26):

Suite, Apt. #, etc. (27):

City & State (28):

Zip (29): Country (30):

4. FEI Number: 65-0062084 ☐ 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

GOLDSTONE, RICHARD
NORTHRIDGE BANK BLDG. #202
2300 W. SAMPLE RD.
POMPANO BEACH FL 33073

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 registered agent and title if any) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
05 TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DAGNA, GERALD VAN	12 NAME	
STREET ADDRESS	555 N.W. 210TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
06 TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DAGNA, HELEN VAN	22 NAME	
STREET ADDRESS	555 N.W. 210TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
07 TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CAFASSO, PATSY	32 NAME	
STREET ADDRESS	60 CHATHAM ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	HEWLETT NY	34 CITY-ST-ZIP	
08 TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CAFASSO, MARGARET R.	42 NAME	
STREET ADDRESS	60 CHATHAM ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	HEWLETT NY	44 CITY-ST-ZIP	
09 TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
10 TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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, added or deleted.

SIGNATURE: GERARD VAN DAGNA P.P.S. 2/24/95 763-4080

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

0211033 CP