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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K49941

A ABACUS MR. AUTO INSURANCE OF CAPE CORAL, INC.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90046 035 ***150.00



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Principal Place	of Business	Mailing Address	,			t in the same of t		• • • • • • • • • • • • • • • • • • • •	
4427 HANCOCK BRIDGE PKWY.		4427 HANÇOCK BRIDGE PKWY.			Į.				
NORTH FT. MYERS FL 33903		NORTH FT. MYERS FL 33903			DO NOT WRITE IN THIS SPACE				
	,					3. Date Incorporated or Qualifect			
						11/30/1988			
2. Princinal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21	300 C. 235/1505	26				65-0091022		No	t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27				3. Certificate of Status Desired		Fee Re	quired
City & State	9	City & State				6. Election Campaign Financing	' П	\$5.00	, ,
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the cu	rrent year Inta		□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New	Registered :		
	9. Name and Address of Current	Registered Agent		81	Name	to. Name and Address of New	Registered	- year	
ŁIND	BACK, DAVID C.			Ľ.					
	SE 43RD TERRACE			82	Street Addre	ss (P.O. Box Number is Not Accep	table)		
	E CORAL FL 33904			83					-
• • • • • • • • • • • • • • • • • • • •									
				84	City		FI	85 Zip 0	Code
11 Purcuant	to the provisions of Sections 607.0502	2 and 607 1508. Florida Statu	ites, the a	bove-	named corpo	ration submits this statement for the	e purpose of	changing its	registered
office or re	egistered agent or both in the State (nt Florida. Such change was :	authorized	וז עס כ	he corporation	n's board of directors. I hereby acce	ept the appoir	ntment as re	gistered
	m familiar with, and accept the obligat	ions of, Section 607.0505, Fi	ionua Stati	uies.					
SIGNATURE	Signature, typed or printed name of registered agen								
	Signature, typed or printed traine or registered agen	t and title if applicable. (NOT	E: Registered	d Agent	signature required	when reinstating)	DATE		
12.	OFFICERS AN		TE: Registered	d Agent	signature required	when reinstating) ADDITIONS/CHANGES TO O			
					signature required			D DIRECTO	PRS IN 12
12.	OFFICERS AN PT LINDBACK, DAVID C.	D DIRECTORS	13.	TLE	signature required				
12.	OFFICERS AN	D DIRECTORS	13. 1.1 TI 1.2 N/	TLE AME	ADDRESS				
12. TITLE NAME	OFFICERS AN PT LINDBACK, DAVID C.	D DIRECTORS DELETE	13. 1.1 Ti 1.2 N/ 1.3 Si	TLE AME	ADORESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AN PT LINDBACK, DAVID C. 920 SE 43RD TR CAPE CORAL FL V	D DIRECTORS	13. 1.1 Ti 1.2 N/ 1.3 Si	TLE AME TREET	ADORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LINDBACK, DAVID C. 920 SE 43RD TR CAPE CORAL FL V LINDBACK, GLORIA R.	D DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	TLE AME TREET / ITY-ST- ITLE	ADORESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PT LINDBACK, DAVID C. 920 SE 43RD TR CAPE CORAL FL V LINDBACK, GLORIA R. 2374 WICKHAM DR.	D DIRECTORS DELETE	13. 1.1 TI 12 N 1.3 SI 1.4 CI 2.1 π 2.2 N	TLE AME TREET / ITY-ST- ITLE AME	ADORESS			☐ Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT LINDBACK, DAVID C. 920 SE 43RD TR CAPE CORAL FL V LINDBACK, GLORIA R. 2374 WICKHAM DR. MUSKEGON MI D	D DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI	TLE AME TREET / ITY-ST- ITLE AME TREET / ITREET / ITREET / ITLE	ADDRESS . 7			☐ Change	☐ Addition
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: