FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L16004** **(8)**

1. Corporation Name
ALADDIN INSURANCE AGENCY OF PASCO COUNTY, INC.

Principal Place of Business
5572 PARK BLVD
PINELLIUS PARK FL 34665
US

Mailing Address
5572 PARK BLVD
PIELLIUS PARK FL 34665
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-2980305 — Applied For / Not Applicable

Suite, Apt. # etc. — 22
Suite, Apt. # etc. — 27

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

City & State — 23
City & State — 28 PINELLAS PARK

6. Electronic Corporate Filing / Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 — 25
Zip — 29 — 30

8. This corporation has activity to complete for under F.S. 607.0902 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEDMAN, HARVEY
5572 PARK BLVD
PINELLAS PARK FL 34665

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 Section 607.0901, and/or 1608, 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRIEDMAN, HARVEY
STREET ADDRESS	5572 PARK BLVD
CITY, ST, ZIP	PINELLAS PARK FL
TITLE	ST
NAME	FRIEDMAN, CAROLYN
STREET ADDRESS	5572 PARK BLVD
CITY, ST, ZIP	PINELLAS PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply 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 hereof or is an attachment with an asterisk.

SIGNATURE: HARVEY FRIEDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95
Date

813-546-0061
Daytime Phone

0372902 CP