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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L66746

(3)

BRAUN AUTO INSURANCE, INC.

Principal Place of Business Mailing Address C/O RUDOLF BRAUN **% RUDOLF BRAUN** 8274 CURRY FORD ROAD 1111 AMBER RD ORLANDO FL 32822-7889 ORLANDO FL 32807 3. Date Incorporated or Qualified 3a. Date of Last Report 04/16/1990 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3001562 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRAUN, RUDOLF 8274 CURRY FORD ROAD Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32822 83 Zip Code 84 City 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 Stgrahus: typed or practice can eroll incustered agent and tille it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE THEF Braun, Rudolf 1.2 NAME NAME 1111 AMBER RD. 1.3 STREET ADORESS STREET ADDRESS ORLANDO FL 1.4 CITY - ST - ZIP CHTY - ST - ZiP DELETE Change Addition 2.1 TITLE TITUE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS C-TY - ST - ZIF 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 THLE TITLE 4. 2 NAME NAM: STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CHY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY: ST-ZiE 6.4 CITY - ST - ZIP 14. I do 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.

RUDOLF BRAUN

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR