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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M03344 (2)

1. Corporation Name
BUDGET AUTO INSURANCE OF BROWARD, INC.

Principal Place of Business
326 SOUTH FEDERAL HIGHWAY
DANIA FL 33004

Mailing Address
326 SOUTH FEDERAL HIGHWAY
DANIA FL 33004-4102



3. Date Incorporated or Qualified 07/27/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2445428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEST, WILLIAM T SR 6271 SIMMS ST HOLLYWOOD FL 33024		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		Signature, typed or printed name of registered agent as of title if applicable		(NOTE: Registered Agent signature required when reappointing)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VD	1.1 TITLE	VD				
NAME	WEST, DIANE S.	1.2 NAME	WEST, DIANE S.				
STREET ADDRESS	6271 SIMMS ST	1.3 STREET ADDRESS	7531 ATLANTA ST				
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024				
TITLE	PD	2.1 TITLE	PD				
NAME	WEST, WILLIAM T.	2.2 NAME	WEST, WILLIAM T.				
STREET ADDRESS	6271 SIMMS ST	2.3 STREET ADDRESS	7531 ATLANTA ST.				
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024				
TITLE		3.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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; that 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, changed, or on an attachment with an address.

SIGNATURE: *William T. West Sr* William T. West Sr 4/26/97 (954) 273-2886

CR2E034 (9/96)