

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M76180 (2)

1. Corporation Name

MR. AUTO INSURANCE OF DAYTONA BEACH, INC.



Principal Place of Business

C/O JED BERMAN
180 S. KNOWLES AVE.
WINTER PARK FL 32789

Mailing Address

C/O JED BERMAN
180 S. KNOWLES AVE.
WINTER PARK FL 32789

3. Date Incorporated or Qualified

04/12/1988

3a. Date of Last Report

07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 602 N. NOVA RD.

26 602 N. NOVA RD.

4. FEI Number

59-2889907

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

27 City & State

DAYTONA BEACH, FLA.

DAYTONA BEACH, FLA.

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

32114

Volusia

32114

Volusia

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERMAN, JED
180 S. KNOWLES AVE.
WINTER PARK FL 32789

81 Name

TOM VEAL

82 Street Address (P.O. Box Number is Not Acceptable)

602 N. NOVA RD.

83

84 City

DAYTONA BEACH

FL

85 Zip Code

32114

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

To Veal

(NOTE: Registered Agent signature required when reinstating)

3-8-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SHERZER, MARVIN
STREET ADDRESS 211 ARLINGTON WAY
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME TOM VEAL
1.3 STREET ADDRESS 602 N. NOVA RD
1.4 CITY-ST-ZIP DAYTONA BEACH, FLA 32114

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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)(k), 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.

SIGNATURE:

To Veal

TOM VEAL

3-8-96 904 257-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)