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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M78869

A ABLE ALLIED AUTO INSURANCE INC. OF LAUDERHILL

Principal Place of Business Maling Address 1448 N STATE RD 7. LAUDERHILL.FL 33311 1448 N STATE RD 7. LAUDERHILL.FL 33311 P O BOX 272995 P O BOX 272995 **BOCA RATON FL 33427-9995 BOCA RATON FL 33427-9995** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1988 06/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0040385 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes 🕅 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEVENS, KEVIN M. Street Address (P.O. Box Number is Not Acceptable) **1448 N STATE RD 7** LAUDERHILL FL 33311 83 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typeof or printed name of registered agent and little if applicable, [NOTE: Registered Agent signature required when reinstating] 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change Addition NAME STEVENS, KEVIN M. 1.2 NAME CR2E034 737 BAYBERRY TERR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DS DELETE 2 1 TITLE Change Addition STEVENS, SUZANNE A. NAME 22 NAME STREET ADDRESS 737 BAYBERRY TERR 2.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 2.4 CITY-ST-7IP DVT DELETE TITLE 3. 1 TITLE Change Addition STEVENS, BRIAN B. NAME 3.2 NAME 2227 NW 72ND AVE. STREET ADDRESS 3.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 3.4 C(TY - ST - Z(P TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 Tilluf Addition | NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TIFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

SIGNATURE:

ATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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). Fiorida 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.

(12/95)