## 5-20-98 B 773) - MC FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**19**98 DOCUMENT #

M78873

(0)

A ABLE ALLIED AUTO INSURANCE INC. OF WEST DADE

Principal Place of Business Mailing Addross 915 S.W. 87TH AVE. 915 S.W. 87TH AVE. MIAMI FL 33155 PO BOX 272995 **BOCA RATON FL 33427-9995** 

## FILED May 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0040386 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** STEVENS, KEVIN M. 915 S.W. 87TH AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33184** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registored 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 CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 1.1 TIME STEVENS, KEVIN M. NAME 1.2 NAME 737 BAYBERRY TERR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - 7IP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE STEVENS, SUZANNE A NAME 2.2 NAME 737 BAYBERRY TERR STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITI F STEVENS, BRIAN B. NAME 3.2 NAME 1400 NE 57 STR #205 STREET ADDRESS 3.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY- ST- 7IP

14. I hereby certify that the information supplied with this liling 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 supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

Kevin M. Stevenis