05-19-1999 90023 004 *1,650.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M78878

1. Corporation Name

A ABLE ALLIED AUTO INSURANCE INC. OF BIRD ROAD

								₹	4 188(8814 11 1888 1888 1888 1888 1888 1				
Principal Place of Business Mailing Address							1						
6801 BIRD RD, MIAMI, FL 33155 6801 BIRD RD, MIAMI, FL 33155													
P O BOX 272995			P O BOX 272995 BOCA RATON FL 33427-9995					DO NOT WRITE IN THIS SPACE					
BOCA RATON F	-L 33427- 9995	BOCA	HATON FL 33427-95	990					Date Incorporated or Qualifed 04/25/1988	OI AOI	_	_	
2 Principal Pl	ace of Business	2a M	ailing Address	_				_	FE! Number		Ap	plied For	
24			26					65-0040384			No	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.	75 A	dditional	
22			27					5.	Certifcate of Status Desired	F	ee Re	quired	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be					
23		28							Trust Fund Contribution	Ac	ided t	o Fees	
Zip	Country	Zi	р		ountry	,		8.	This corporation owes the current year Int	angible		_	
24	25	29		30					Personal Property Tax.	☐ Ye	s	□No	
	9. Name and Address of Cur	rent Register	ed Agent		-	,		10.	Name and Address of New Registered	Agent			
etc.	MENIC MENTAL NA				81	N	ame						
stevens, kevin M. 6801 bird Rd.						St	treet Addres	dress (P.O. Box Number is Not Acceptable)					
MIAMI FL 33155													
	•									·			
					84	C	ity		FL	85	Zip (Code	
11 Pursuant t	to the provisions of Sections 607.	0502 and 607.	1508, Florida Statut	es the	above	e-na	amed corpor	ration	n submits this statement for the purpose of	changi	ng its	registered	
office or re	egistered agent, or both, in the St n familiar with, and accept the ob	ate of Florida.	Such change was a	uthoriz	ed by	the	corporation	n's bo	pard of directors. I hereby accept the appoi	ntment	as re	gistered	
SIGNATURE													
	Signature, typed or printed name of registered					nt sign	nature required			D DID	FOTO	DC IN 12	
12.	DP OFFICERS	AND DIRECT	□ DELETE	1	TITLE			<i></i>	ADDITIONS/CHANGES TO OFFICERS AN	☐ Ch		☐ Addition	
TITLE	- ·		L. Dett.ic								- 3-	_	
NAME	STEVENS, KEVIN M.			1	NAME.								
STREET ADDRESS	737 BAYBERRY TERR BOCA RATON FL				STREET								
CITY-ST-ZIP	DS DS		☐ DELETE			ITY-ST-ZIP				[] Ch	ange	Addition	
TITLE	· ·			2.2 NAME									
NAME	STEVENS, SUZANNE A.					STREET ADDRESS							
STREET ADDRESS	737 BAYBERRY TERR BOCA RATON FL												
C/TY-ST-ZIP	DVT		☐ DELETE	_	CITY-S	ST-ZH	P -			∏ Ch	ance	☐ Addition	
TITLE	= · ·		- Dereit		NAME						- 3-	- ,	
NAME	STEVENS, BRIAN B. 1400 NE 57TH ST 205			1		TADO	70E66						
STREET ADDRESS	FT LAUDERDALE FL					3 STREET ADDRESS							
CITY-ST-ZIP	FI LAUDERDALE FL	prog		4. CITY-ST-ZIP 1 TITLE				☐ Ch	ange	☐ Addition			
TITLE			_ DELETE	•	NAME						J -		
NAME				1		TARO	DEEC						
STREET ADDRESS					STREET								
CITY-ST-ZIP			☐ DELETE	_	CITY-S'	1-ZIP					ange	Addition	
TITLE					NAME					_	-	_	
NAME					STREET	TADE	ORESS						
STREET ADDRESS					CITY-S'								
CITY-ST-ZIP			☐ DELETE	_4_	TITLE	,,- <u>ы</u> г	-+-			☐ Ch	ange	☐ Addition	
TITLE			ے کونداد		NAME								
NAME				1	STREET	TADO	ORESS						
STREET ADDRESS							1						

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: