SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REÏNSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997

CONSUMER ASSISTANCE CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015767 (5)

97 AUG 14 PM 1: 32

FILED



SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1993

65-0387798

3a. Date of Last Report

Applied For

Not Applicable

06/18/1996

Principal Place of Business	Mailing Address	•

26

2623 N. STATE RD. 7 LAUDERHILL FL 33313

21

STREET ADDRESS

2. Principal Piace of Business

2623 N. STATE RD. 7 LAUDERHILL FL 33313

2a. Mailing Address

Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country Zip Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MANSONS, GUNARS J 2750 NE 52 STREET Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33308 83 84 City 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 with, 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, typied or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstaling ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE NAME MANSONS, GUNARS J 1.2 NAME STREET ADORESS 2750 NE 52 ST. 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-24 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 DELETE TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 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 charteri, or on an attachment with an address.

6.3 STREET ADDRESS

7/18/97



American Insurance Agency Inc.

2623 N. State Rd. 7, Ste. #19 Lauderhill, FL 33313 (305) 777-9980 Fax (305) 777-0231

J did not received notice of filing
fee annual Report for american Ino. agency Inc.
or Consumer assistance Corp. Please note that
I did receive notice on 74 I Specialists, Inc.
and Finance Support associates Inc. I am
new to our Company and did not realize
that we owed other filing fees. I called as
soon as I received these noticies and was
told to let you know in writing that I
had not received notices and send in check
for 165.00. If you have any questions please
Call me at 954-777-9980.

Thank you Mary Bankston

(h)