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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P93000019145 (0)

1. Corporation Name
ASSOCIATED INDUSTRIES INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
901 NW 51ST ST. BOCA RATON FL 33431	P.O. BOX 310704 BOCA RATON FL 33431 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1993

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3170795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SHEBEL, JON L
516 NORTH ADAMS STREET
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHEBEL, JON L		1.2 NAME		
STREET ADDRESS	516 NORTH ADAMS STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEST, ROBERT W		2.2 NAME		
STREET ADDRESS	516 NORTH ADAMS STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, FRANK T		3.2 NAME		
STREET ADDRESS	516 NORTH ADAMS STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YON, DAVID P		4.2 NAME		
STREET ADDRESS	516 NORTH ADAMS STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		4.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPEARMAN, GUY M III		5.2 NAME		
STREET ADDRESS	402 HIGHPOINT DRIVE SUITE A		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926-6634		5.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, T W		6.2 NAME		
STREET ADDRESS	1910 SAN MARCO BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ 4/23/98