

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

FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000023684 (2)

1. Corporation Name  
VEHICLE PROTECTION SAVINGS PLAN CORP.



Principal Place of Business  
100 E. SAMPLE RD  
SUITE 120  
POMPANO BEACH FL 33064  
US

Mailing Address  
100 E. SAMPLE RD  
SUITE 120  
POMPANO BEACH FL 33064-3548  
US

3. Date Incorporated or Qualified  
03/30/1993

3a. Date of Last Report  
06/12/1996

2. Principal Place of Business  
21 2310 N.E. 33rd St  
Suite, Apt. #, etc.  
22  
City & State  
23 Lighthouse Pt., FL  
Zip  
24 33064  
Country  
25 Broward

2a. Mailing Address  
26 2310 NE 33rd St  
Suite, Apt. #, etc.  
27  
City & State  
28 Lighthouse Pt., FL  
Zip  
29 33064  
Country  
30 Broward

4. FEI Number  
65-0405744

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAILEY, NANCY K.  
100 E. SAMPLE RD.  
SUITE 120  
POMPANO BEACH FL 33064

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2310 NE 33rd St.  
83  
84 City  
Lighthouse Pt FL  
85 Zip Code  
33064

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 *Nancy K Dailey* *Nancy K Dailey* 1/11/97  
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STPV <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, NANCY DAY	1.2 NAME	
STREET ADDRESS	100 E. SAMPLE RD., SUITE 120	1.3 STREET ADDRESS	2310 NE 33rd St
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Lighthouse Pt., FL 33064
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *Nancy K Dailey* *Nancy K Dailey* 1/11/97 (954) 942-6724  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)