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FILED
May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000026640 (1)

1. Corporation Name

AUTO DEALERS INSURANCE AGENCY, INC.



Principal Place of Business

3941 DAVID BOULEVARD
FORT LAUDERDALE FL 33312
US

Mailing Address

3941 DAVIE BOULEVARD
FORT LAUDERDALE FL 33312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1993

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

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9. Name and Address of Current Registered Agent

BREWSTER, GERALD R
320 HENDRICKS ISLE
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81

Name GERALD R. BREWSTER

82

Street Address (P.O. Box Number is Not Acceptable)
45 HENDRICKS ISLE #4

83

84

City FT. LAUD.

FL

85

Zip Code 33301

11. Pursuant to the provisions of Sections 607.05(2) 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

Sandra B. Morham, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-98

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BREWSTER, GERALD R, PRES.
STREET ADDRESS 2000 SW 9TH ST., #2
CITY-ST-ZIP 45 HENDRICKS ISLE
FORT LAUDERDALE FL #4 - FT. LAUD., FLA.
33301

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002532981

-05/22/98--01024--039

***150.00

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.

CR2E034 (10/97)