FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
94 MAR 31 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
AUTO OWNERS SERVICE CONTRACT COMPANY, INC.

DOCUMENT #
P93000035209 (4)

Mailing Address
5309 BLANDING BLVD.
JACKSONVILLE FL 32210

Principal Place of Business
5309 BLANDING BLVD.
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

If above address is incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified 05/10/1993
3a. Date of Last Report

2. Mailing Address
21
2a. Principal Place of Business
26

4. FEI Number 59-3192
Applied For
Not Applicable

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Check if Corporate Financial Trust Fund Contribution
$5.00 May Be Added to Fees

City & State
23
City & State
28

7. Nonprofit Exempt from $130.75 Supplemental Fee

Zip
Country
Zip
29
Country
30

8. This corporation has liability for intangible tax under Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BROOKS ROBERT M
5309 BLANDING BLVD.
JACKSONVILLE FL 32210

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 607.1708 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	BROOKS ROBERT M
1.3 STREET ADDRESS	952 LAKE ASBURY DRIVE
1.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	500001053805
1.2 NAME	-04/04/94--01106--014
1.3 STREET ADDRESS	****200.00 ****200.00
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I acknowledge the Division of Corporations bears no liability or non compliance with Section 119.07(3)(x). 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is accompanied with an address.

SIGNATURE: 3-24-94 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date