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

PROFIT CORPORATION ANNUAL REPORT

. 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. McCham

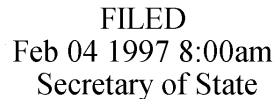
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037617 (6)

A A ACTION INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address





013 HILLSBOROUGH AVE. TAMPA FL 33804			913 HILLSBOROUGH AVE. TAMPA FL 33604-7109						
						3. Date Incorporated or Qualified 05/25/1993	3a. Date of L 02/07/19		
2. Principal P	lace of Business	2a. Mailing Ad	dress			4. FEI Number	<u> </u>	Applied For	
21		26	26			59-3185234	T T	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & State	Э			Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip	Country	Zip		Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for			
24	25	29	30	,	*	Florida Statutes	Yes No	.06i S. 199.032,	
9. Name and Address of Current Registered Agent				10. Name and Address of New Resistered Agent					
COL	RPORATION INFORMATIO	N SERVICES INC.		81 Name					
120	1 HAYS ST.		82 Street Add		Street Add	dress (P.O. Box Number is Not Acceptable)			
IAL	LAHASSEE FL 32301			83					
3	ing of the property with the second	gran Marin I. Najadi Majadi. Kanada atau	i kanalan da kanalan d Banalan da kanalan da k	84	City		FL 85	Zip Code	
					e-named on	provation submits this statement for the	wroose of chang	ning the tegristered	
office or r	egistered agent, or both, in the	ne State of Florida, Such cha	ange was author	ized b	the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointme	int as registered	
	m ramiliar with, and accept tr	ne obligations of, Section 60	7.0505, Florida (Statute	S. ·		#15 m		
SIGNATURE	Signature, typed or printed harve of reg	eleved spent and title if applicable	(NOTE: Begin	na harat	nt cional ra race	ulred when reinstating}	DATE		
12.		ERS AND DIRECTORS		3.	an anginara o rea	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	DPST			I.1 TITLE			☐ CH		
NAME	CAPITANO, SAM		I 1	.2 NAMÉ					
STREET ADDRESS	913 HILLSBOROUGH A	VE.		3 STREET	ADDRESS				
CITY-ST-7IP	TAMPA FL 33604			A CITY S					
TITLE				1 TITLE		······	☐ Ch	ange Addition	
NAME			2	2.2 NAME	'				
STREET ADDRESS			2	.3 STREET	ADDRESS				
CITY-ST-ZIP				. 4 CITY					
TITLE				1 TITLE			☐ Ch	ange Addition	
NAME			3	3.2 NAME					
STREET ADDRESS			3	3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-	ST-ZIP				
TITLE			DÉLETE 4	I.1 TITL€			☐ Ch	ange Addition	
NAME				I. 2 NAME					
STREET ADDRESS			[4	I.3 STREET	ADDRESS				
CHTY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		I.4 CITY - S	IT- ZIP				
TITLE			DELETE 5	.1 TITLE			☐ Ch	ange	
NAME			5	.2 NAME					
STREET ADDRESS			5	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY - S	T-ZIP				
THLE			DELETE 6	5.1 TITLE			Ch	nange Addition	
NAME			6	3.2 NAME					
STREET ADDRESS			6	3.3 STREET	ADDRESS				
CITY-ST-ZIF			.	.4 CITY - S	T-ZIP				

4. 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 or an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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