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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000041341 (7)

A ABA AMERICAN AUTO INSURANCE OF EUSTIS, INC.

Principal Place	e of Business	Mailing Address					HIS TO DIE THE THE		
407 HIGHWAY 441 407 HIGHWAY 441									
EUSTIS FL 327		EUSTIS FL 32726				i '			
						3. Date Incorporated or Qualified 06/04/1993)	e of Last F 4/1996	leport
2. Principal Pl	lace of Business	2a, Mailing Address	s			4. FEI Number			oplied For
21		26				59-3188286		N	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, et	C.			5. Certificate of Status Desired			Additional
22	······································	27							berlupe
City & State	9	City & State				6. Election Campaign Financing	-		May Be
Z ip	Country	28 Zip		Country		Trust Fund Contribution			to Fees
24	25	29	30)		This corporation has liability for Florida Statutes	Intangible t		. 199.032,
		of Current Registered Agent		<u> </u>		10. Name and Address of New Re			
ഭവ	UB, LINDA J			81	Name			 · · · · · · · · · · · · · · · · · ·	
	HIGHWAY 441			82	Ctroot Add	ress (P.O. Box Number is Not Accepta	hio)		
	TIS FL 32726			DZ.	SHEEL MUUI	iress (r.o. box number is not Accepta	maj		
250	110 12 00120			83			·····		
				84	City			85 Zip	Code
I				["]	Oity		FL	2.10	Code
11. Pyrsuaet t	to the provisions of Sections	607.0502 and 607.1508. Florida	Statutes, t	he above	named corp	poration submits this statement for the tion's board of directors. I hereby acce	purpose of	hanging i	ts registered
onice of re	egistered agent, or both, in m familiar with, and accept l	the obligations of, Section 607.05	was autho 05, Florida	onzeu by a Statutes.	ue corbora	tion's board or directors, I hereby acce	pr me appo	intrnent as	registered
- အျမားမေးက									
•									
SIGNATURE	Signature, typed or printed hame of re		(NOTE: Reg		signature requi	red when reinstating)	DATE		
SIGNATURE	OFFIC	CERS AND DIRECTORS		13.	signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND	***	
SIGNATURE	OFFIC D			13. 1.1 TITLE	signature requi		CERS AND	DIRECTOR Change	
SIGNATURE 12. 10LE NAME	OFFIC D GOLUB, LINDA J	CERS AND DIRECTORS		13. 1.1 TITLE 1.2 NAME			CERS AND	***	
SIGNATURE 12. THUE NAME STREET ADDRESS	OFFIC D GOLUB, LINDA J 407 HWY 441	CERS AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET A	DORESS		CERS AND	***	
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