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FILED
Feb 12 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 # P93000045278 (7)

1. Corporation Name
A ABACUS MR. AUTO INSURANCE OF JUPITER/TEQUESTA, INC.



Principal Place of Business
660 N. HWY. ONE
TEQUESTA FL 33469

Mailing Address
PO BOX 4500
TEQUESTA FL 33469-9500
US

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 08/20/1996

2. Principal Place of Business
21 6608 NORTH U.S. #1
22 Suite, Apt #, etc.

2a. Mailing Address
26 Suite, Apt #, etc.

23 City & State: TEQUESTA, FL
27 City & State

24 Zip: 33469
25 Country: PALM BEACH
29 Zip
30 Country

4. FEI Number: 65-0428028
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

GARRETTSON, T. P.
660 N US HWY 1
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name: T. P. GARRETTSON
82 Street Address (P.O. Box Number is Not Acceptable): 18223 LAKE BEND R
83
84 City: JUPITER FL 85 Zip Code: 33458

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: TIMOTHY P. GARRETTSON DATE: 2/5/97
Signature: type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRETTSON, THOMAS M.	
STREET ADDRESS	8 WINDING WAY	
CITY-ST-ZIP	LOCUST VALLEY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRETTSON, TIMOTHY P.	
STREET ADDRESS	660 N US HWY 1	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TIMOTHY P. GARRETTSON
2.3 STREET ADDRESS	18223 LAKE BEND DR.
2.4 CITY-ST-ZIP	JUPITER, FL, 33458
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: TIMOTHY P. GARRETTSON DATE: 2/5/97 (561) 743-2656
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)