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May 08 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 # P93000052101 (1)

1. Corporation Name

A BUDGET INSURANCE GROUP, INC.



Principal Place of Business

6305 MIRAMAR PARKWAY
MIRAMAR FL 33023

Mailing Address

6305 MIRAMAR PARKWAY
MIRAMAR FL 33023-3943

2. Principal Place of Business

21 326 S. FEDERAL HWY
Suite, Apt. #, etc.

2a. Mailing Address

26 326 S. FEDERAL HWY
Suite, Apt. #, etc.

City & State

23 DANIA, FL.

City & State

28 DANIA, FL.

Zip

24 33004

Country

25 BROWARD

Zip

29 33004

Country

30 BROWARD

9. Name and Address of Current Registered Agent

WEST, WILLIAM T
8271 SIMMS ST
HOLLYWOOD FL 33024

3. Date Incorporated or Qualified

08/01/1993

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0444342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

William T. West, Sr.

82 Street Address (P.O. Box Number is not acceptable)

7531 ATLANTA ST.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33024

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 607.0508, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WEST, WILLIAM T
STREET ADDRESS 8271 SIMMS ST
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE VD
NAME WEST, DIANE S
STREET ADDRESS 8271 SIMMS ST
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME William T. West, Sr.
1.3 STREET ADDRESS 7531 ATLANTA ST
1.4 CITY-ST-ZIP HOLLYWOOD, FL. 33024

2.1 TITLE VD
2.2 NAME DIANE S. WEST
2.3 STREET ADDRESS 7531 ATLANTA ST.
2.4 CITY-ST-ZIP HOLLYWOOD, FL. 33024

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0192475

CR2E034 (9/96)