

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000066638 (6)**

1. Corporation Name

AMERICAN PHOENIX CORPORATION OF ORLANDO

Principal Place of Business

Mailing Address

**% FRANK DRANE INSURANCE AGENCY INC
845 N GARLAND DR
ORLANDO FL 32801**

**% FRANK DRANE INSURANCE AGENCY INC
845 N GARLAND DR
ORLANDO FL 32801**



2. Principal Place of Business

2a. Mailing Address

21 **800 N. MAGNOLIA AVE**

26 **800 N. MAGNOLIA AVE**

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 **SUITE 1600**

27 **SUITE 1600**

City & State

City & State

23 **ORLANDO FL**

28 **ORLANDO FL**

Zip

Country

Zip

Country

24 **32803**

25 **USA**

29 **32803**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/24/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3209438

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

10. Name and Address of New Registered Agent

**DRANE, FRANK
845 N. GARLAND DR.
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

800 N. MAGNOLIA AVE

83

SUITE 1600

84 City

ORLANDO

FL

85 Zip Code

32803

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **C VAUGHAN, MARTIN L**
STREET ADDRESS **302 W MAIN STREET**
CITY-STATE-ZIP **AVON CT**

TITLE ☐ DELETE

NAME **P DRANE, FRANK C JR**
STREET ADDRESS **845 N GARLAND AVE 201**
CITY-STATE-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **T RYAN, WILLIAM E**
STREET ADDRESS **302 W MAIN STREET**
CITY-STATE-ZIP **AVON CT**

TITLE ☐ DELETE

NAME **S MASTERS, CAROLE**
STREET ADDRESS **302 W MAIN ST**
CITY-STATE-ZIP **AVON CT**

TITLE ☐ DELETE

NAME **S CHRISTIE, MARY C**
STREET ADDRESS **845 N GARLAND AVE 201**
CITY-STATE-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

10 STATE HOUSE SQUARE

14 CITY-STATE-ZIP

HARTFORD CT 06103

2. TITLE

22 NAME

23 STREET ADDRESS

800 N. MAGNOLIA AVE #1600

24 CITY-STATE-ZIP

ORLANDO FL 32803

3. TITLE

32 NAME

33 STREET ADDRESS

10 STATE HOUSE SQUARE

34 CITY-STATE-ZIP

HARTFORD CT 06103

4. TITLE

42 NAME

43 STREET ADDRESS

10 STATE HOUSE SQUARE

44 CITY-STATE-ZIP

HARTFORD CT 06103

5. TITLE

52 NAME

53 STREET ADDRESS

800 N. MAGNOLIA AVE #1600

54 CITY-STATE-ZIP

ORLANDO FL 32803

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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)(k), 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

4/12/96

Date

Digitized Power of

CR2E034 (12/95)