FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087099 (6)

1. Corporation Name

A-ABSOLUTE AUTO INSURANCE INC.

Principal Place of Business	Mailing Address
1802 NORTH UNIVERSITY DR. SUITE 100 PLANTATION FL 33322	1802 NORTH UNIVERSITY DR. SUITE 100 PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 08/09/1994
4. FEI Number: 65-0457265 — 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

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LEVINE, HOWARD
1802 NORTH UNIVERSITY DR.
SUITE 100
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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] HOWARD LEVINE 4/25/95

12. OFFICERS AND DIRECTORS

Title	D
Name	LEVINE, HOWARD
Street Address	1802 N. UNIVERSITY DR. #100
City-St-Zip	PLANTATION FL 33322
Title	D
Name	FERNANDEZ, STEVE
Street Address	1802 N. UNIVERSITY DR. #100
City-St-Zip	PLANTATION FL 33322

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIST

[ ] Change [ ] Addition

14. I 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] HOWARD LEVINE 4/25/95 305 474-3133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0230313 CP