

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 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 # P93000087099 (6)

1. Corporation Name

A-ABSOLUTE AUTO INSURANCE INC.



Principal Place of Business

1802 NORTH UNIVERSITY DR.  
SUITE 100  
PLANTATION FL 33322

Mailing Address

1802 NORTH UNIVERSITY DR.  
SUITE 100  
PLANTATION FL 33322-4115

3. Date Incorporated or Qualified  
12/20/1993

3a. Date of Last Report  
08/08/1996

2. Principal Place of Business

21 8265 W SUNRISE BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 8265 W. SUNRISE BLVD  
Suite, Apt. #, etc.

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

22

City & State

23 Plantation FL

Zip

24 33322

Country

25 Broward

27

City & State

28 Plantation FL

Zip

29 33322

Country

30 Broward

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

Howard Levine

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

8265 W. SUNRISE BLVD

83

84 City

Plantation

FL

85 Zip Code

33322

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LEVINE, HOWARD  
CITY-ST-ZIP 1802 N. UNIVERSITY DR. #100  
PLANTATION FL 33322

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS FERNANDEZ, STEVE  
CITY-ST-ZIP 1802 N. UNIVERSITY DR. #100  
PLANTATION FL 33322

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 8265 W SUNRISE BLVD.  
1.4 CITY-ST-ZIP Plantation FL 33322

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 8265 W SUNRISE BLVD.  
2.4 CITY-ST-ZIP Plantation FL 33322

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Levine 4/16/97 954-4743133

Date

Daytime Phone #

0282045

CR2E034 (9/96)