SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 NOV 26 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001726 (6)

1. Corporation Name
AA ABSOLUTE KING OF INSURANCE, INC.

REINSTATEMENT 97aD
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
982 PONDELLA ROAD N FT. MYERS FL 33903-3527 US	982 PONDELLA ROAD N. FT. MYERS FL 33903-3527 US

2. Principal Place of Business	2a. Mailing Address
21 80 PONDELLA RD.	26 80 PONDELLA RD
Suite, Apt. #, etc. 22 UNIT D.	Suite, Apt. #, etc. 27 UNIT D.
City & State 23 N. FT. MYERS FL	City & State 28 N. FT. MYERS FL
Zip 24 33903 Country 25 LEE	Zip 29 33903 Country 30 LEE

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0459204 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTRD
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: W. LEWIS JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable): 1523 S.W. 44 TH STREET
83
84 City: CAPE CORAL FL 85 Zip Code: 33914

11. Pursuant to the provisions of Sections 607.0505 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] — Signature, typed or printed name of registered agent and title if applicable
W. LEWIS JOHNSON (NOTE: Registered Agent signature required when reinstating)
November 24, 1997 DATE

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	JOHNSON, WALTER L JR
STREET ADDRESS	1523 SW 44 STREET
CITY-ST-ZIP	CAPE CORAL FL 33914
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	
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	000002361300---3
1.3 STREET ADDRESS	-12/02/97--01069--019
1.4 CITY-ST-ZIP	****758.75 ****758.75
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

CR2E034 (4/97)

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] — OFFICER OR DIRECTOR — 12-18-97 — 941-656-3000