

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED
93 MAY -1 PM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015419 (2)

1. Corporation Name

ACE AUTO INSURANCE OF SOUTH DAYTONA, INC.

Principal Place of Business

**1570 MADRUGA AVE #309
CORAL GABLES FL 33146**

Mailing Address

**1570 MADRUGA AVE #309
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

4. F.E.I. Number

59-3226455

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

9. Name and Address of Current Registered Agent

**GOLDMAN, ROGER S
1570 MADRUGA AVE #309
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 date if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
GOLDMAN, LAWRENCE M
1570 MADRUGA AVE #309
CORAL GABLES FL 33146**

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

**P, D
Goldman, Lawrence M.
1570 Madrug Ave #309
Coral Gables FL 33146**

☒ Change

☐ Addition

2. TITLE

3. NAME

4. STREET ADDRESS

5. CITY ST ZIP

**VP, D, S
Goldman, Alina M.
1570 Madrug Ave #309
Coral Gables, FL 33146**

☐ Change

☒ Addition

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY ST ZIP

**VP, D, T
Jenkins, Anita J.
5265 Park Blvd.
Pinellas Park, FL 34665**

☐ Change

☒ Addition

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY ST ZIP

**D
Conrad, Thomas
5265 Park Blvd.
Pinellas Park, FL 34665**

☐ Change

☒ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP

6. TITLE

7. NAME

8. STREET ADDRESS

9. CITY ST ZIP

☐ Change

☐ Addition

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 110.07(2)(b), 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 the 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:

Alina M. Goldman V.P.

4-26-95 305 663-0061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number