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 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046598 (6)

1. Corporation Name
AUTOMATED INSURANCE MANAGER, INC.

Principal Place of Business	Mailing Address
1535 N MAITLAND AVE MAITLAND FL 32751	1535 N MAITLAND AVE MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3314468 See Attached ☐ 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
7. This corporation has liability for unemployment under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

REGISTER, LLOYD
1535 N MAITLAND AVE
MAITLAND FL 32751

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, RODNEY J	12 NAME	
STREET ADDRESS	1535 N MAITLAND AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	REGISTER, LLOYD E	22 NAME	600001532476
STREET ADDRESS	507 FORESTWOOD CT	23 STREET ADDRESS	-07/07/95--01060--006
CITY-ST-ZIP	MAITLAND FL 32751	24 CITY-ST-ZIP	****208.75 ****208.75
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	REGISTER, SHARON	32 NAME	
STREET ADDRESS	507 FORESTWOOD CT	33 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	34 CITY-ST-ZIP	
TITLE		41 TITLE	S/T ☐ Change ☒ Addition
NAME		42 NAME	Erick Pace
STREET ADDRESS		43 STREET ADDRESS	1535 N. Maitland Avenue
CITY-ST-ZIP		44 CITY-ST-ZIP	Maitland, FL 32751
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

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)(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: Sharon Register 4/14/95 (407) 260-2220
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #
Sharon Register

0041620 CP

05/22/95 MON 08:44 FAX ☑001

PGA-416596

INTERNAL REVENUE SERVICE
ATLANTA SERVICE CENTER
4800 BUFORD HIGHWAY
CHAMBLEE, GA. 30341

DATE 5-17-95 NO. OF PAGES 2 FAX NO. 407-260-2207

TO: Erick Pace

Thank you for your fax. Please see the attached for your Employer Identification Number (EIN). If you requested a telephone call upon assignment of a number, please consider this your response. If you still need to speak to someone about your employer identification number, please call us at (404) 455-2480 and have this information available for reference. If you have other tax related questions, please call 1-800-829-1040. You will receive additional confirmation of this assigned EIN within the next 15 days.

If you do not receive all the pages, please call us as soon as possible at (404) 455-2480. To transmit to us, call (404) 455-2660. Thank you for your cooperation.

COMMENTS: _____

Transmitted by:	Date	Time Sent
C Harmon	5-17-95	

05/22/95 MON 08:44 FAX 002
05/11/WED 13:06 407 260 2207 002/002

LR3 ENTERPRISES FYI — 46598

*Please fax FEIN to 407-260-2207
Attn: Erick Pace

59-3314488

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN
OMB No. 1545-0003
Expires 12-31-96

1 Name of applicant (True legal name) (See instructions.)

2 Trade name of business, if different from name in line 1
Automated Insurance Manager, Inc.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
1535 N. Maitland Avenue

5a Address of business (See instructions.)

4b City, state, and ZIP code
Maitland, FL 32751-3317

5b City, state, and ZIP code

6 County and state where principal business is located
Seminole County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor-SSN required (See instructions.)
Lloyd E. Register 440-46-8490

8a Type of entity (Check only one box.) (See instructions.)

- [ ] Sole Proprietor (SSN)
- [ ] REMIC
- [ ] State/local government
- [ ] Other nonprofit organization (specify)
- [X] Other (specify) Corporation
- [ ] Church or church controlled organization
- [ ] Personal service corp.
- [ ] National Guard
- [ ] Estate
- [ ] Plan administrator-SSN
- [ ] Other corporation
- [ ] Federal government/military (enter GEN if applicable)
- [ ] Trust
- [ ] Partnership
- [ ] Farmers' co-op

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

RECEIVED
MAY 11 1995
ENTITY CONTROL
INPUT PERFECTION

9 Reason for applying (Check only one box.)

- [X] Started new business (specify)
- [ ] Hired employees
- [ ] Created a pension plan (specify type)
- [ ] Banking purpose (specify)
- [ ] Changed type of organization
- [ ] Purchased going business
- [ ] Created a trust (specify)
- [ ] Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)
6/20/94

11 Enter closing month of accounting year.
September

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)
Not applicable

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."	Nonagricultural	Agricultural	Household
	N/A		

14 Principal activity (See instructions.) Software Development

15 Is the principal business activity manufacturing? [ ] Yes [X] No
If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Check the appropriate box.
[X] Public (retail) [ ] Other (specify) [ ] Business (wholesale) [ ] N/A

17a Has the applicant ever applied for an ID number for this or any other business? [ ] Yes [X] No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.
True name — Trade name

17c Enter approximate date, city, and state where the application was filed and the previous employer ID number if known.
Approximate date when filed (Mo. day, year) — City and state where filed — Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete
Telephone number (include area code) (407) 260-2200

Name and title (Please type or print clearly.)

Signature Erick Pace Date 5/11/95

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see attached instructions. Form SS-4 (Rev 12-93)