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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000059756 (4)

1. Corporation Name

A.I.S. INSURANCE SCHOOL OF SEBRING, INC.

Principal Place of Business

683 SOUTH EUCALYPTUS STREET
SEBRING FL 33870

Mailing Address

683 SOUTH EUCALYPTUS STREET
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 883 So. Eucalyptus St.

2a. Mailing Address

25 Suite, Apt. #, etc.

4. FEI Number

59-3259357

Applied For

Not Applicable

Suite, Apt. #, etc.

22 City & State

23 Sebring FL

Zip

24 33870

Country

25 USA

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 Zip

30 Country

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

EDWARDS, GEORGE E ESQ.
950 NORTH FEDERAL HIGHWAY #112
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

Hilda F. Tucker

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

2825 N. E. 23rd Ave.

83

84 City

Lighthouse Pt.

FL

85 Zip Code

33064

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. Hilda F. Tucker OFFICERS AND DIRECTORS

TITLE D
NAME KISER, KATHERINE W
STREET ADDRESS 2825 N.E. 23RD AVE.
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE D
NAME TUCKER, HILDA F
STREET ADDRESS 2825 N.E. 23RD AVE.
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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
1.4 CITY-ST-ZIP

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

\$97 1120

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)(d), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Hilda F. Tucker P/D Jan 10, 1995 (813) 471-6338

Signature and typed or printed name of signing officer or director

Date (8) Daytime Phone #