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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000060064 (0)**

1. Corporation Name

AMERICAN ADVANTAGE INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
4021 N.W. 108 DRIVE CORAL SPRINGS FL 33065	4021 N.W. 108 DRIVE CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: **08/16/1994**
3a. Date of Last Report: **06/14/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0505294 ~~NOT APPLICABLE~~	☐ Applied For ☐ Not Applicable
21 2001 SW 20 ST	26 2001 SW 20 ST		
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State: 23 FT. LAUDERDALE FL	City & State: 28 FT. LAUD. FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip: 24 33315 Country: 25 BROWARD	Zip: 29 33315 Country: 30 BROWARD	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

SCHWARTZ, STEVEN G
2300 GLADES RD.
SUITE 400 - EAST
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: SUSAN PISCIOTTANO
82 Street Address (P.O. Box Number is Not Acceptable): 4021 NW 108 DRIVE
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: Susan L Pisciottano 4/28/96
Signature, typed or printed name, of Registered Agent and Date (required) — Registered Agent Signature required when changing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS PISCIOTTANO, SUSAN 4021 N.W. 108 DRIVE CORAL SPRINGS FL 33065	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition

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***225.00

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)(k), 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: Susan L. Pisciottano 6/10/96 9547619557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)