

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000081701 (2)**

1. Corporation Name

AAL AUTO STAR INSURANCE & TAGS, INC.



Principal Place of Business

**2147 NW 6TH ST
FT LAUDERDALE FL 33311-5612
US**

Mailing Address

**P.O. BOX 5612
FT. LAUDERDALE FL 33310**

3. Date Incorporated or Qualified
11/08/1994

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

21 **2149 NW 6 Street**

Suite, Apt. #, etc.

22 **Lauderdaleside FL**

City & State

23 **33311**

Zip

Country

24 **Broward**

9. Name and Address of Current Registered Agent

**BROWN, DARRIN D
2147 NW 6TH ST
FT LAUDERDALE FL 33311**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0534454

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

2149 NW 6 Street

Lauderdaleside FL

84 City

FL

85 Zip Code

33311

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

DARRIN BROWN

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

(NOTE: Registered agent signature required when resigning)

DATE

2/29/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**D THOMPSON, CARL T SR
111 LAKE EMERALD DR. #205
FT. LAUDERDALE FL 33310**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**D THOMPSON, BEVERLY P
111 LAKE EMERALD DR. #205
FT. LAUDERDALE FL 33310**

☐ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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:

Carl T. Thompson Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/29/96

Daytime Phone #

(954) 327-7272

CR2E034 (12/95)