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 # P94000086946 (8)

1. Corporation Name
ATLANTIC COAST INSURANCE, INC.

Principal Place of Business
P O BOX 7287
DELRAY BEACH FL 33484-7287

Mailing Address
P O BOX 7287
DELRAY BEACH FL 33484-7287

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report: 05/23/1995

4. FEI Number: APPLIED FOR 65-0682394
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

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
MENZ, GLEN M
3118 LOWSON BLVD
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent
81 Name: MENZ, MARK A.
82 Street Address (P.O. Box Number is Not Acceptable): 4217 PALM FOREST DRIVE SO.
83
84 City: Delray Beach FL 85 Zip Code: 33445

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] Date: 05-15-96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MENZ, GLEN M	
STREET ADDRESS	3118 LOWSON BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - DIRECTOR	☒ Change ☐ Addition
1.2 NAME	MENZ, MARK A.	
1.3 STREET ADDRESS	4217 PALM FOREST DRIVE SOUTH	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445	
2.1 TITLE	V/D.	☐ Change ☒ Addition
2.2 NAME	GLEN M. MENZ	
2.3 STREET ADDRESS	3118 LOWSON BLVD.	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445	
3.1 TITLE	S/T/D	☐ Change ☒ Addition
3.2 NAME	MENZ, DONNA S.	
3.3 STREET ADDRESS	3118 LOWSON BLVD.	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445	
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		

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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: Glen M. Menz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/96 (407)499-7994

CS 8/16/96

CR2E034 (12/95)