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 # P95000011611 (7)

1. Corporation Name
DRIVING FORCE DISCOUNT AUTO INSURANCE, INC.

Principal Place of Business	Mailing Address
6258 PREISIDENTIAL CT SW SUITE 203 FT MYERS FL 33919	6258 PREISIDENTIAL CT SW SUITE 203 FT MYERS FL 33919

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report

2. Principal Place of Business
21 6249 PRESIDENTIAL CT SW
22 Suite, Apt. #, etc. SUITE "E"
23 City & State FT. MYERS, FL
24 Zip 33919
25 Country LEE

2a. Mailing Address
26 6249 PRESIDENTIAL CT SW.
27 Suite, Apt. #, etc. SUITE "E"
28 City & State FT. MYERS, FL.
29 Zip 33919
30 Country LEE

4. FEI Number 65-0555916 [ ] 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

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

9. Name and Address of Current Registered Agent

DICKERSON, DAVID F
6258 PREISIDENTIAL CT SW
SUITE 203
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name DAVID F. DICKERSON
82 Street Address (P.O. Box Number is Not Acceptable) 6249 PRESIDENTIAL CT. SW. - SUITE "E"
83
84 City FT. MYERS FL 85 Zip Code 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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] PRES. DAVID F. DICKERSON, PRES. 4-1-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	[ ] DELETE
NAME	DICKERSON, DAVID F	
STREET ADDRESS	6258 PREISIDENTIAL CT SW SUITE 203	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
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	DPST	[X] Change [ ] Addition
1.2 NAME	DAVID F. DICKERSON	
1.3 STREET ADDRESS	6249 PRESIDENTIAL CT S.W. - SUITE "E"	
1.4 CITY-ST-ZIP	FT. MYERS, FL. 33919	
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		

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: [signature] 4-1-96 941-481-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / Daytime Phone #

CR2E034 (12/95)