FILE NUW: FILING FEE AFTER MAY 1 18 \$225.00

PROFIT



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

ANNUAL REPOR	-
1996	
DOCUMENT #	Ļ

1. Corporation hame GOOD DRIVER INSURANCE AGENCY, INC. Principal Place of Business	DOCUI	MENT # P95-00002	2543				
Principal Place of Business 6443 S. W. 40th Street Miami, Florida 33155 April 1							
Procease Name and Address of Current Registered Agent	GOOD	DRIVER INSURANCE A	GENCY, INC.				
6443 S.W. 40th Street Miami, Florida 33155 Alterior Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suffe, Apt. et al. 2. Principal Place of Business 3. Date Incorporated or Qualified 34, Date of Last Report 3/20/05 September 5/20/05 September 5/20/05 September 5/20/05 September 5/20/05 September 5/20/05 September 5/20/05 September 5/20/05/05/20/05/05/20/05/05/20/05/05/20/05/05/05/05/05/05/05/05/05/05/05/05/05	Principal Place	of Rusiness	Mailing Address				
Miami, Florida 33155 Miami, Florida 33155 Miami, Florida 33155 A Date incorporated or Outsided	,		-	h St	re	et	•
2. Principal Page of Business 2. Mailing Address 2. Mailing Address 3. Page of Business 3. Date of Last Report 3. 3/20/95 4. FEI Number 60.572289 7. Not Applicable for Not Applicable of Safety Application of Safety Ap							
2. Principal Place of Business	Miami,	Florida 22122	man, man		-		2 Data Incorporated or Qualified 3s Date of Lect Report
2. Principal Piece of Business 2. A. Mailing Address 2. Sufe, Apt. 4, etc. 2. Country 2. Sufe, Apt. 4, etc. 2. Sufe, Apt.							
Sufe, Apt. #, etc.	Dissinat Place of Duringer De Mailine Address						
Surve, Apt. #, etc. Surve, Apt. #, etc.	21	ace of Cosil loss	⊢ •				
City & State		#, etc.					\$8.75 Additional
City & State 28 29 Country 27 Country 27 Country 27 Country 27 Country 27 Country 28 This corporation has fability for intangible tax under s 199 032, Florida Statutes 10 Name and Address of New Registered Agent 10 Name and Address	22		27				
Zep 29 30 30 10 10 10 10 10 10	City & State City & State				, o to to the maj be		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 decitors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of decitors. Thereby accept the appointment as registered disjent. Familiary with a cocept the obligations of, Section 607.0502, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS IN 12 15. INTERESTOR OF THE STATE IN 15 THE	Zip	├ ── '	Zip		ntry		8. This corporation has liability for intangible tax under s 199.032,
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	24			30			
LOPEZ, JORGE A ESO. 2500 N.W. 79TH AVENUE MIAMI FL 33122 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 officer 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, and complete the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Synute: typical or presonance of engagement agent are the injury during the registered agent and the injury during the registered agent		9. Name and Address of Corre	uit veðisteien viðeur		81	Name	10. Halile and Address of Horr Hogistoriou Agent
2500 N.W. 79TH AVENUE MIAMI FL 33122		10005 4 500					
MIAMI FL 33122 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Rorda 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 Rorda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am formular with, and accept the collegations of, Section 607.0506, Florida Statutes. SIGNATURE Supplies these of presed name of registered agent and title if agakashs. ROTE Registered Agent separative receives of the registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of the appointment as registered agent. I am for the purpose of t					82	Street Add	Idress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Rorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE The presentation of the provisions of Sections 607.0505, Florida Statutes. SIGNATURE SIGNATURE The presentation of the provisions of Section 607.0505, Florida Statutes. **ROTE Registered Agent of Office Registered Agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent agent agent and fine if Agriculture. **ROTE Registered Agent age					83		
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 eigent. I am statutes and of directors. I hereby accept the appointment as registered eigent. I am statutes. SignArtIne Signature Sign	MAMI	FL 33122					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hanned 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. Thereby accept the appointment as registered agent. I am registered agent than the state of Florida Statutes. SIGNATURIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP DELETE 1.1 TITLE STREET ADDRESS CITY-ST-7P TITLE DELETE 2.1 TITLE DELETE 3.1 T		3			84	City	F1 85 Zip Code
12.	or register familiar wit SIGNATURE	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was authorized ction 607.0505, Florida Statutes.	by the c	orp	eration's bo	pard of directors. I hereby accept the appointment as registered agent. I am
TITLE		- 		_	agen	it signarure requi	
NAME SUIERAS, MARIO 12 NAME 13 STREET ADDRESS 14 CHTY-ST-ZIP 14 CHTY-ST-ZIP 14 CHTY-ST-ZIP 14 CHTY-ST-ZIP 14 CHTY-ST-ZIP 15 CHANGE	-	,			FLE		
STREET ADDRESS 6443 S.W. 40TH ST. 13 STREET ADDRESS 14 CITY-ST-ZIP	l	1		1 2 NA	ME		_ • • • • • • • • • • • • • • • • • • •
CITY - ST - ZIP		· ·		1351	REE I	ADORESS	
TITLE DELETE 2 TITLE Addition NAME 22 NAME			•			!	
STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 32 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME 42 NAME CTREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS 44 CITY-ST-ZIP CTREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME CTREET ADDRESS CTREET ADDRESS CTREET ADDRESS			☐ DELETE				Change Addition
CITY-ST-ZIP 24 CITY-ST-ZIP TITLE Change Addition NAME 32 NAME STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP Change Addition TITLE DELETE 4 1 TITLE Change Addition NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Change Addition TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME Addition Addition	NAME			2.2 NAMI		ļ	
TITLE DELETE 3 1 TITLE Change Addition NAME 32 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition NAME 42 NAME Change Addition STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME Addition Addition	STREET ADDRESS	, i		2.3 STRE		ADDRESS	
NAME	CITY-ST-ZIP			2 4 CHY - ST -		J - ZIP	
STREET ADDRESS 33 STREET ADDRESS 34 CITY - ST - ZIP	TITLE		☐ DELETE	3 1 THE]	Change Addition
STREET ADDRESS STRE	NAME			3 2 NAM			
TITLE DELETE 4 1 TITLE Change Addition NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP CTITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME	STREET ADDRESS			33 STA		I ADDRESS	
NAME						5T - 21P	
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME Addition]		☐ DELETE				Change Addition
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5 2 NAME Addition	i						
TITLE DELETE 5 1 TITLE Change Addition NAME 5 2 NAME .	l						
NAME 5.2 NAME			□ britte			ST-ZIP	Change Cl Addition
lacksquare			☐ DECEIE	1			[] Change [] Admitted
67000T 40000CC 1	NAME						

CITY - ST - ZIP 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 of 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.

5.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME 6 3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

000001847446 -06/03/96--01026--011

***200.00

Addition