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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000062731 (1)

1. Corporation Name
A AMERICAN AUTO INSURANCE OF ALTAMONTE INC.

Principal Place of Business
710 E ALTAMONTE DR #1011
ORLANDO FL 32701

Mailing Address
710 E ALTAMONTE DR #1011
ORLANDO FL 32701-4624

3. Date Incorporated or Qualified: 08/15/1995
3a. Date of Last Report: 06/18/1996
4. FEI Number: 59-3331894 — 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 ☒ Yes ☐ No

2. Principal Place of Business
21 710 E. ALTAMONTE DR.
Suite, Apt. #, etc. 22 1011
City & State 23 ALTAMONTE SPGS., FL.
Zip 24 32701. Country 25 Seminole

2a. Mailing Address
26 710 E. ALTAMONTE DR.
Suite, Apt. #, etc. 27 1011
City & State 28 ALTAMONTE SPGS., FL.
Zip 29 32701 Country 30 Seminole

9. Name and Address of Current Registered Agent
DOSANI, MARK A
710 E ALTAMONTE DR #1011
ORLANDO FL 32701

10. Name and Address of New Registered Agent
81 Name: MARK A. DOSANI
82 Street Address (P.O. Box Number is Not Acceptable): 710 E. ALTAMONTE DR. # 1011.
83
84 City: ALTAMONTE SPGS FL 85 Zip Code 32701.

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], MANSOOR MARK A DOSANI. President 1-7-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DOSANI, MANSOOR A.	
STREET ADDRESS	1640 CRESTVIEW DR.	
CITY-ST-ZIP	MT. DORA FL 32757	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] MARK A DOSANI. President 1-7-97. (407) 260-6381.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #