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**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000064581-(8)
1. Corporation Name

BAAA Auto Insurance of Orlande INC

## **FILED** Jun 02 1998 8:00am Secretary of State

	Mailing Address		
4504 CURRY FORD ROAD ORIONDO, FUR. DLBIL	4504 CURRY FORERO ORIONDO FIR 32812		t e
ORIONSO FUL SLEIL	1) Rlow	do Fel 3281.	DO NOT WRITE IN THIS SPACE
(			3. Date Incorporated or Qualified
2. Principal Place of Business 2	a. Mailing Address	<del></del>	4. FEI Number Applied Fo
1 26	· · · · · · · · · · · · · · · · · ·		59-335 1964 Not Applic
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additions Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
Zip Country		T 700 54	Trust Fund Contribution Added to Fees
Zip   Country   25   29	- Zip Д	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9. Name and Address of Current Reg	istered Agent	[30]	Personal Property Tax due June 30. TYes L No  10. Name and Address of New Registered Apent
QRHSon Michael	· · · · · · · · · · · · · · · · · · ·	81 Name	
William I am a to		82 Street Add	ress (P.O. Box Number is Not Acceptable)
1132 JERISSA CT			ACCOUNTS AND LANGUAGE AND LANGU
ORIONAL, For 328/B	1	83	
		B4 City	FL 85 Zip Code
1. Pursuant to the provisions of Sections 607.0502 and	607.1508, Florida Statu	utes, the above-named corp	poration submits this statement for the purpose of changing its registe
<ul> <li>office or registered agent, or both, in the State of Flor agent. I am familiar with, and accept the obligations</li> </ul>	rida. Such change was	authorized by the corpora	tion's board of directors. I hereby accept the appointment as register
<del>-</del>			
IGNATURE			
Signature typed or proted mane of registered agent and is		DIT Registered Agent sign stare requi	
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