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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 27 1997 8:00am

1/16/97 561 7327702

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065128 (7)

AMERICAN MOTOR CLUB, INC.

Principal Place of Business Mailing Address 325 N. FEDERAL HWY. 325 N. FEDERAL HWY. **BOYNTON BEACH FL 33435** BOYNTON BEACH FL 33435-4118 US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/23/1995 02/20/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0618931 21 26 Not Applicable Suite Apt #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Z_{10} Country Zф Country 8. This corporation has liability for intangible tax under s. 199.032, Yes XNo 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WATSON, CHARLES S Name 6205 SE IRONWOOD CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34997 83 84 City Zip Code 85 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: Typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE TITLE ☐ Change Addition 1.1 TITLE WATSON, CHARLES S NAME 1.2 NAME 6205 SE IRONWOOD CIRCLE STREET ADDRESS. 1.3 STREET ADDRESS STUART FL 34997 CITY - ST - ZIP 1.4 CITY - ST- ZIP ST DELETE TITLE 2 1 TITLE Change ☐ Addition MCVEIGH, PAMELA M. NAME 2.2 NAME 2800 N. FLAGLER DR. STREET ADDRESS 23 STREET ADDRESS West Palm Beach Fl CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-7IP 44 CITY - ST - ZIP TITLE DELETE Change Addition 5 1 TITLE NAME 52 NAME STREET ACCRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition THLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address.