

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000065608 (8)**

1. Corporation Name

**NATIONAL DEALER SERVICES INSURANCE GROUP, INC.**



Principal Place of Business

Mailing Address

**14021-B NORTH DALE MABRY HWY  
TAMPA FL 33618**

**14021-B NORTH DALE MABRY HWY  
TAMPA FL 33618**

3. Date Incorporated or Qualified

3a. Date of Last Report

**08/23/1995**

4. FEI Number

☒ 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

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LABARBERA, MICHAEL D  
14021-B NORTH DALE MABRY HWY  
TAMPA FL 33618**

81 Name **LaBarbera, Michael D.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1907 W. Kennedy Blvd.**

83

84 City **Tampa** **FL** 85 Zip Code **33606**

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

*Michael D. LaBarbera*

**Michael D. LaBarbera June 20, 1996**

(Signature of individual who is not a registered agent and is not applicable)

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
 NAME **PSTD**  
 STREET ADDRESS **BIEN, TERRANCE**  
 CITY-ST-ZIP **15812 HAMPTON VILLAGE DR  
TAMPA FL 33618**

11 TITLE **President/Director** ☒ Change ☐ Addition

TITLE ☒ DELETE  
 NAME **VS**  
 STREET ADDRESS **BIEN, JUDITH A**  
 CITY-ST-ZIP **15812 HAMPTON VILLAGE DR  
TAMPA FL 33618**

12 NAME

TITLE ☐ DELETE  
 NAME **Vice President/Director**  
 STREET ADDRESS **Olney, Lenora C.**  
 CITY-ST-ZIP **13932 Clubhouse Circle  
Tampa, FL 33624**

13 STREET ADDRESS

TITLE ☐ DELETE  
 NAME **Secretary/Treas./Dir.**  
 STREET ADDRESS **Weaver, Larry S.**  
 CITY-ST-ZIP **16115 East Course Drive  
Tampa, FL 33624**

14 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Terrance Bien*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Terrance Bien, Pres. 6/20/96 (813)968-3352**

(Date)

(Telephone Number)

CR2E034 (3/96)