FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000084055

1. Corporation Name Cover Your Assets Inc.

Principal Place of Business
814 Airport Rd Suite F
Destin Fl.
32541

Mailing Address
P.O. Box 5087
Destin Fl.
32540

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified 10/20/95
3a. Date of Last Report

4. FEI Number 59-3347187 — 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

9. **Name and Address of Current Registered Agent**

10. **Name and Address of New Registered Agent**

81 Name John A. Norden
82 Street Address (P.O. Box Number is Not Acceptable) 814 F Airport Rd
83
84 City Destin Fl. FL 85 Zip Code 32540

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] 6/7/96
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	President, CEO.	☐ DELETE
NAME	Richard E. Ullrich	
STREET ADDRESS	817 Kell-Aire Ct.	
CITY - ST - ZIP	Destin Fl. 32541	
TITLE	Vice President, C.O.O.	☐ DELETE
NAME	John A. Norden	
STREET ADDRESS	716 Kelly St.	
CITY - ST - ZIP	Destin Fl. 32541	
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	300001865989	☐ Change ☐ Addition
5.2 NAME	-06/18/96--01140--015	
5.3 STREET ADDRESS	***200.00	
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	5-1-96	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

CR2E034 (12/95)

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 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] John A. Norden V.P., C.O.O. 4/30/96 (904) 650-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #