

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90216 008 \*\*\*150.00

DOCUMENT # P95000097935

1. Corporation Name  
FAST & FAIR AUTO INSURANCE INC.

Principal Place of Business  
1817 16TH ST N  
ST PETERSBURG FL 33704

Mailing Address  
1817 16TH ST N  
ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number  
59-3367862

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2203 Tyrona Blvd

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State ST. Pete FL

28 City & State

24 Zip 33710 25 Country Philippines

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALESKY, PAUL M  
1817 16TH ST N  
ST PETERSBURG FL 33704

81 Name Michael Lenas  
82 Street Address (P.O. Box Number is Not Acceptable) 4010 27th Ave N  
83  
84 City ST. Pete FL 85 Zip Code 33713

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME VALESKY, PAUL M  
STREET ADDRESS 3304 62ND ST E  
CITY-ST-ZIP BRADENTON FL 34208 ☒ DELETE

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Michael Lenas  
1.3 STREET ADDRESS 4010 27th Ave N  
1.4 CITY-ST-ZIP ST. Pete FL 33713

TITLE V  
NAME LENAS, MICHAEL JR  
STREET ADDRESS 4010 27TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ DELETE

2.1 TITLE VIP ☐ Change ☒ Addition  
2.2 NAME LOVI LENAS  
2.3 STREET ADDRESS 4010 27th Ave N  
2.4 CITY-ST-ZIP ST. Pete FL 33713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-99 727-302-0800

CR2E034 (11/98)

0406211