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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000014463 (9)

AUTO COVERAGE EXPERTS MACDILL, INC.

Principal Plac	e of Business		Ma	Mailing Address				T 188011981 118 18118 81171 88111 88111 8	INI <b>Baran</b> Judun 1	TABIL BLUID BILL	14 (0)( 18 8)	
2908 GANDY B TAMPA FL 336				2906 GANDY BOULEVARD TAMPA FL 33611-2804								
									3. Date Incorporated or Qualified 02/15/1996	3a. Da	ate of Last F	Report
2. Principal P	Place of Busine	98S		2a. Mailing Address					4, FEI Number 59 - 33 61801			pplied For ot Applicable
Suite, Ap1.	#, etc.			Suite, Apt. #, etc.								Additional
22		27					<b>5.</b> Certificate of Status Desired			lequired		
City & Stat	te		City & State					6. Election Campaign Financing			May Be	
23			28	······································				Trust Fund Contribution			to Fees	
Zip		Country	_	Zip	—	untry	1		8. This corporation has liability for	r intangible		s. 199. <b>03</b> 2,
24		25 and Address of Cur	29 rent Registr	ered Agent	30	Τ			Florida Statutes  10. Name and Address of New I			
THE		OF LAWRENCE J			····	81	Name	~				
	ALMERIA A		OI ILULL (	J111110		82		/ب	ackzen E. O	JICK		
	RAL GABLES						Street	ZC Addres	ss (P.O. Box Number is Not Accept	-V D		
						83						
		•				84	City	ΤΔ	mpa	FL		Code
11 Pursuant	to the playisid	ons at Sections 607	1602 and 60	7 1508 Florida Stat	ules the a	above	e-named				changing i	its registered
office or o	registered ag	ont or both, in the St	ate of Florid	a. Soch change war	s authorize	ed by	the corp	poratio	ration submits this statement for the n's board of directors. I hereby acc	ept the app	ointment as	registered
			i da loris oi,	38/dibn 607,0303, 1	riolida sia	sioles	>.			4/20/0	_	
SIGNATURA	Signature, typed o	or printed name Ungishred	igent and title if	applicable (N	O1E Register	ed Age	ent signature	required	when reinstating)	DATE	·}	*******
12.		OFFICERS	AND DIREC		13.				ADDITIONS/CHANGES TO OF	ICERS AND	~	
TITLE	PD			☐ DELETE	1.11	TITLE					☐ Change	Addition
NAME		ATHLEEN E				MAME						
STREET ADDRESS		DY BOULEVARD					ADDRESS					
CITY-ST-ZIP	TAMPA FL	. 33611		DELETE	_	CITY-S	T- ZIP				Chance	Addition
TITLE	VO QUICK, JA	CYCON E		L DECEIC	211						L Change	☐ Addition
NAME OTDEST APPROACO		DY BOULEVARD			8 -	NAME	ABBBERG .					
STREET ADDRESS CITY-ST-ZIP	TAMPA FL						ADDRESS					
TITLE	STD	. 00011	<del></del> -	<b>₩</b> DELETE	311	CITY - S	11 - ZIP				Change	Addition
NAME	DUNCAN,	CRAIG L			<b>.</b>	NAME						
STREET ADDRESS		DY BOULEVARD			3.3 5	STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL	. 33611			3.4.	CITY-S	31 - ZIP					
TITLE				DELETE	4.1	IITLE					Change	☐ Addition
NAME	1				4.2	NAME						
STREET ADDRESS					435	STREET	ADDRESS					ļ
CITY-ST-ZIP					4.4 (	CITY-S	T-21P				·	/
TITLE				☐ DELETE	5.11	ITLE					Chapge	Addition
NAME					5.21	IAME			(	1//	//~	100
STREET ADDRESS					5.3 8	STREET	ADDRESS			M 6	1_1/	41
CITY-ST-ZIP						CITY-S	1-ZIP		/	<u> </u>		17
TATLE				☐ DELETE	611		i		والمنتان والمدار والمدار والمدار والمدار والمدار		Change	Addition
NAME	]					NAME			9000022	J <i>rici</i>	T 😭	
STREET ADDRESS	1				6.3 5	TREET	ADDRESS		-06/10/9701	J [[i'~~[]]	JO	

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

6.4 CITY - ST - ZIP

Mada.

\*\*\*165.00

**FILED** 

Jun 02 1997 8:00am

Secretary of State