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Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000014463 (9)

1. Corporation Name

AUTO COVERAGE EXPERTS MACDILL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2908 GANDY BOULEVARD TAMPA FL 33611		Mailing Address 2908 GANDY BOULEVARD TAMPA FL 33611	
2. Principal Place of Business 21 3419 S. DALE MABRY HWY Suite, Apt. #, etc. 22		2a. Mailing Address 26 3419 S. DALE MABRY HWY Suite, Apt. #, etc. 27	
City & State 23 TAMPA Zip 24 33629 Country 25 Hills		City & State 28 TAMPA Zip 29 33629 Country 30 Hills	
9. Name and Address of Current Registered Agent QUICK, JACKSON E 2908 GANDY BLVD. TAMPA FL 33611		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3419 S. DALE MABRY HWY 83 84 City TAMPA FL 85 Zip Code 33629	

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]* DATE 1/21/98
Signature, typed or stamped name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	QUICK, KATHLEEN E	1.2 NAME	
STREET ADDRESS	2908 GANDY BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	QUICK, JACKSON E	2.2 NAME	
STREET ADDRESS	2908 GANDY BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 address.

SIGNATURE *[Signature]* DATE 1/21/98

CR2E034 (10/97)