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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000014484 (5)

1. Corporation Name

AUTO COVERAGE EXPERTS UNIVERSITY, INC.

Principal Place of Business

11900 NORTH NEBRASKA AVENUE, UNIT 5
TAMPA FL 33612

Mailing Address

11900 NORTH NEBRASKA AVENUE, UNIT 5
TAMPA FL 33612-5362



3. Date Incorporated or Qualified

02/15/1996

3a. Date of Last Report

4. FEI Number

59-336 2061

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Craig L. Duncan

82 Street Address (P.O. Box Number is Not Acceptable)

1228 50th St. East

83

84 City Bradenton, FL.

FL

85 Zip Code

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

TITLE PD ☒ DELETE
NAME QUICK, JACKSON E
STREET ADDRESS 11900 NORTH NEBRASKA AVENUE, UNIT 5
CITY-ST-ZIP TAMPA FL 33612

TITLE VD ☐ DELETE
NAME DUNCAN, CRAIG L
STREET ADDRESS 11900 NORTH NEBRASKA AVENUE, UNIT 5
CITY-ST-ZIP TAMPA FL 33612

TITLE ST ☒ DELETE
NAME QUICK, KATHLEEN
STREET ADDRESS 11900 NORTH NEBRASKA AVENUE, UNIT 5
CITY-ST-ZIP TAMPA FL 33612

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 P/V/S/D
2.3 STREET ADDRESS Craig L. Duncan
2.4 CITY-ST-ZIP 1228 50th Street East
Bradenton, FL. 34208

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME T/D
3.3 STREET ADDRESS Barry J. Beard
3.4 CITY-ST-ZIP 3709 Sand Pepple Drive
Valrico, FL. 33594

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D/Act T.
4.3 STREET ADDRESS Heidi H. Cox
4.4 CITY-ST-ZIP 6001 Interbay Blvd
Tampa, FL. 33611

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/97

Date

(813) 977-6009

Daytime Phone #

CR2E034 (9/96)