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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014484 (5)

AUTO COVERAGE EXPERTS UNIVERSITY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11900 NORTH NEBRASKA AVENUE. UNIT 5 TAMPA FL 33612 | 11900 NORTH NEBRASKA AVENUE, UNIT 5 TAMPA FL 33612 |
| | |

FILED May 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-3362061 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Dosired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Z_{10} Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DUNCAN, CRAIG L 1228 50TH ST EAST Street Address (P.O. Box Number is Not Acceptable) 82 **BRADENTON FL 33134** 83 City Zip Code i NZ.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered origin. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered of Boction 607.0505, Florida Statutes. Pursuant to the provoffice or registered; SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE DAT Change TITLE 111006 COX, HEID! H NAME 1.2 NAME 6001 INTERBAY BLVD STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CiTy - ST - ZiP DELETE Change Addition TITLE PVSD 2.1 HILE **DUNCAN, CRAIG L** NAME 2.2 NAME **1228 50TH ST EAST** STREET ADDRESS 2.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 2. 4 CITY - ST - 7IP DELETE TITLE Change Addition 3.1 THUE BEARD, BARRY J NAME 3.2 NAME 3709 SAND PEPPLE DR STREET ADDRESS 3 3 STREET ADDRESS **VALRICO FL** CITY-ST-ZIP 3.4. CHY-SY-ZIP DELETE TITLE 4.1 THLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - SI - ZIP DELETE Change Addition 5.1 TD1E TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 supplied and a mobil apport is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the concertion or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the co Block 12 or Block 13 if cly