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

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

165.00

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

Secretary of State
DIVISION OF CORPORATIONS

ANNUAL REPORT

1997

**PROFIT** 

CORPORATION

12228 DICKENSON LANE

ORLANDO FL 32821-7650



DOCUMENT # P96000017708 (4)

FILED
May 02 1997 8:00am
Secretary of State

Zip Code

AFFORD/	Name ABLE INSURANCE, INC	).		
Principal Place	of Business	Mailing Addres	SS	E HERNIKAN NIC ANING STAN GRAN SETTY ON IA BUHUH ARMI ANITY TOO N GERAN ARTI ENAL
3603 8 CONWA' ORLANDO FL 32		3803 8 CONWAY RD ORLANDO FL 32812-7805		
				3. Date incorporated or Qualified 3a. Date of Last Report 02/19/1996
2. Principal Place of Business		2a. Mailing Address 26		FEI Number Applied For S9-3431033 Not Applicable
Suite, Apt. # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State 23		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip - <b>29</b>	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
NUGE	9. Name and Address of C ENT, THOMAS M	urrent Registered Agent	, <b>81</b> Name	10, Name and Address of New Registered Agent

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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

NOTE   Registered Agent Wignature required when retinating	<b>a</b> gent Fa	mi familiar with, and accept the obligations of, Section 607.0505, Flori	da Statutes.	
12.	SIGNATURE	Skin dure, broad or printed many of registered again and title if applicable (INOTE:	Registered Agent signature	(ATE
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14. I do bereby 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: JIMMS MINUS THOMAS MINUSENT 4/9/97 (407) 275-2727