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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF EVALE ...

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600053460 (7)

AUTO FINANCIAL UNDERWRITING GROUP, INC.

FILED
May 01 1997 8:00am
Secretary of State



	1.75	# 4 - 12 # - d - d - d - d - d - d - d - d					DB3B1 W118B 11381 B1877	
Principal Place		Mailing Address						•
2500 MILITARY TRAIL #235 BOCA RATON FL 33431			2500 MILITARY TRAIL #235 BOCA RATON FL 33431-6342					
						Date Incorporated or Qualified 06/24/1996	3a. Date of La	st Report
2. Principal Pla	ace of Business	2a. Mailing Addr	ess		····	4 FFI Number		Applied For
21		26				65-07/6341		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	1 1	75 Additional e Required
City & State)	Crty & State			······································	6. Election Campaign Financing		00 May Be
23	,	28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip		Country		8. This corporation has liability for in	ntangible tax und	er s. 199.032,
4	25	29	30	5]			Yes 🗌 No	
	g. Name and Address of C	orrent Registered Agent				10. Name and Address of New Rec	ilstered Agent	
DELL	UCA, BRUCE			81	Name			
2500ء	MILITARY TRAIL #235			82	Street Add	ress (P.O. Box Number is Not Acceptabl	le)	
· BOC	A RATON FL 33431							
' \$				83				
. •				84	City		85	Zip Code
} `	•				Oily		FL " '	zip ooso
		bingations or, section bor.	.0303, 1 (01)0	ia Siaibies		ition's board of directors. I hereby accep		
SIGNATURE.	-	gred agent and title if anglicable				ited when reinstating)	DATE	
SIGNATURE.	Signature, typed or printed name of registe			legistered Age		ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	TORS IN 12
SIGNATURE	Signature, typed or priviled name of registe OFFICER	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: R			ited when reinstating) ADDITIONS/CHANGES TO OFFIC		
SIGNATURE. 111. 111.	Signature, typed or printed name of registe OFFICER PRESIDENT	RS AND DIRECTORS	(NOTE: R	tegistered Age			ERS AND DIREC	
SIGNATURE. 112. 111LE NAME	Signature, typed or printed name of registe OFFICER PRESIDENT	RS AND DIRECTORS	(NOTE: R	13.	nger erutangi t fr		ERS AND DIREC	
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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 12 if changed, or on an attachment with an address.

Blue

SIGNATURE

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 561-994-9400

Daytime Phone #