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

**PROFIT** CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

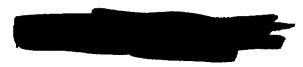
DOCUMENT # P96000054243

AUTO INSURANCE OF FLORIDA, INC.

14. I hereby certify that the information supplied with this filing do indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or the second Block 12 or Block 13 if changed, or on an attachorist with an

AUTOMAX INSURANCE AGENCY, INC. Principal Place of Business Mailing Address

## FILED May 19 1998 8:00am Secretary of State



926 WEST BRANDON BLVD. 926 WEST BRANDON BLVD. **BRANDON FL 33511** BRANDON FL 33511 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 65-0673885 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Žιμ This corporation owes or has paid the current year Intangible 25 24 30 Personal Property Tax due June 30. Yes 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LILLY, GARY P 926 WEST BRANDON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33511 83 84 City 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, typod or prioteo name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition **PSTD** DELETE 1.1 TITLE \_\_\_ Change TITLE **ULLY, GARY P** NAMÉ 1.2 NAME 926 WEST BRANDON BLVD. STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZiP DELETE Addition TIFLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 THLE Change Addition 500002529305 NAME 4. 2 NAME -05/19/98--01061--038 4.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - 7IP CITY-ST-ZIP

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in