


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90050 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000054243</b>					
1. Corporation Name <b>AUTOMAX INSURANCE AGENCY, INC.</b>					
Principal Place of Business <b>926 WEST BRANDON BLVD.          BRANDON FL 33511</b>			Mailing Address <b>926 WEST BRANDON BLVD.          BRANDON FL 33511</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>06/24/1996</b>					
2. Principal Place of Business <b>21 7610 N. 56TH ST.</b>		2a. Mailing Address <b>26 7610 N. 56TH ST.</b>		4. FEI Number <b>65-0673885</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23 TAMPA, FL</b>		City & State <b>28 TAMPA, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 33617</b>		Zip <b>29 33617</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LILLY, GARY P          926 WEST BRANDON BLVD.          BRANDON FL 33511</b>			10. Name and Address of New Registered Agent <b>81 Name PETER R. FOLEY          82 Street Address (P.O. Box Number is Not Acceptable) 7610 N. 56TH ST.          83          84 City TAMPA FL 85 Zip Code 33617</b>		
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 <i>Peter R. Foley, President</i> <b>Peter R. Foley, President</b> <b>5/14/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE <b>PS/D LILLY, GARY P</b> STREET ADDRESS <b>926 WEST BRANDON BLVD.</b> CITY-ST-ZIP <b>BRANDON FL 33511</b>			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DC</b>		
TITLE <input type="checkbox"/> DELETE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP			1.2 NAME 1.3 STREET ADDRESS <b>7610 N. 56TH ST.</b> 1.4 CITY-ST-ZIP <b>TAMPA, FL 33617</b>		
TITLE <input type="checkbox"/> DELETE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PS PETER R. FOLEY</b> 2.2 NAME 2.3 STREET ADDRESS <b>7610 N. 56TH ST.</b> 2.4 CITY-ST-ZIP <b>TAMPA, FL 33617</b>		
TITLE <input type="checkbox"/> DELETE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Peter R. Foley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PETER R. FOLEY**

**4-28-99** **813-988-3148**  
 Date Daytime Phone #

CR2E034 (1/98)