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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000077274 (4)**

1. Corporation Name

AMERICAN PROPERTY & CASUALTY, INC.

Principal Place of Business

**21226 MARINER PLACE
TAMPA FL 33549**

Mailing Address

**21226 MARINER PLACE
TAMPA FL 33549**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1996	
21 <u>FLORIDA</u>		26 <u>18125 US Hwy 41 N #206</u>		4. FEI Number 59-3401610	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country		30 Country			

9. Name and Address of Current Registered Agent

**DIAZ, JOSE A
21226 MARINER PLACE
TAMPA FL 33549**

10. Name and Address of New Registered Agent

81 Name	<u>Michael L. Adams</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>18125 US Hwy 41 N #206</u>
83	
84 City	<u>LOT 2</u>
85 Zip Code	<u>FL 33549</u>

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 Michael Adams Pres. DATE 3-30-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	DIAZ, JOSE A	1.2 NAME	ADAMS, Michael L.
STREET ADDRESS	7243 WOODBROOK DR	1.3 STREET ADDRESS	1638 SAND HOLLOW LANE
CITY-ST-ZIP	TAMPA FL 33625	1.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VD	2.1 TITLE	
NAME	ADAMS, MICHAEL L	2.2 NAME	
STREET ADDRESS	1638 SAND HOLLOW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	DIAZ, CARIDAD G	3.2 NAME	
STREET ADDRESS	7243 WOODBROOK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Michael Adams DATE: 3-30-98 813-949-5624

CP2E034 (10/97)