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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthari

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030400 (0)

A AACE INSURANCE AGENCY, INC.

FILED Feb 19 1998 8:00am Secretary of State

		-							
Principal Place of Business		Mailing Address				i subdisent ste søktt kabit åblis mattt øntst oktab kilit	98:II 815II 95	ALL BEIT HEET	
5584-4 TIMAQUANA ROAD		5584-4 TIMAQUANA ROAD							
JACKSONVIL	LE FL 32210	JACKSONVILLE FL \$2210				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	ACL		7
						04/03/1997			l
2. Principal F	iace of Business	2a. Mailing Address				4. FEI Number Applied			1
21		26	_			59-3437107		ot Applicable	1
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	1
22	27					8. Certificate of Status Desired	Fee Re	equired	_
City & Stat	ө	City & State				6. Election Campaign Financing	\$5.00		1
23 28						Trust Fund Contribution	Added		1
Zip	Country	Zip	n ⊢			8. This corporation owes or has paid the curre			
24	25 Name and Address of Current	t Registered Agent	30	г—		Personal Property Tax due June 30. 10. Name and Address of New Registered A		No	+
		Hedistolan Whelit		81	Name	10. Haine and Address of New Heyestered A	gent		1
	IERILAWYER CHARTERED								
	3 ALMERIA AVENUE PRAL GABLES FL 33134			62	Street Addre	ess (P.O. Box Number is Not Acceptable)		,	i
	MAL GADLES FL 33134			83					┨
									l
				84	City	FL	85 Zip (Code	
11. Pursuant office of r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	and 607.1508, Florida Statu of Florida. Such change was lions of, Section 607.0505, F	ites, the al authorize lorida Stal	bove d by utes	e-named corporations.	oration submits this statement for the purpose of cion's board of directors. I hereby accept the appo	changing it intment as	s registered registered	ĺ
SIGNATURE									İ
12.	Signature, typed or printed name of registered age: OFFICERS AND		13.	d Age	ent signature require	ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	2S IN 12	łĘ
TITLE	PD	DELETE 1.1 TO					Change	Addition	13
NAME	ALKOV LAGIZONI E III			1.2 NAME			_ •	_	
STREET ADDRESS	5584-4 TIMAQUANA ROAD	1.3		1.3 STREET ADDRESS					18
CITY-ST-ZIP	JACKSONVILLE FL 32210				1-ZIP				Š
TITLE	ST	☐ DELETE					Change	Addition	15
NAME	QUICK, KATHLEEN J		221						
STREET ADDRESS	5584-4 TIMAQUANA ROAD		2.3 \$1	HEET	ADDRESS				l
CITY-ST-ZIP	JACKSONVILLE FL 32210		2.40	(TY-S	ST-ZIP				l
TITLE			3.1 Ti	3.1 TITLE			Change	Addition	1
NAME			3.2 NAN						1
STREET ADDRESS			3.3 \$7	REET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-S	ST - ZIP				1
TITLE		☐ DELETE	4.1 TI	TLE.			Change	Addition	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 S1	REET	ADDRESS				ļ
CITY-ST-ZIP			4.4 CI		T- ZIP				1
TITLE		DELETE	5.1 TC		}	Ĺ	Change	Addition	
NAME			5.2 N						1
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CI		T-ZIP		705	4 . 100	1
TITLE		☐ DELETE	6.1 TI			L	Change	Addition	
NAMÉ			6.2 N/						
STREET ADDRESS				ADDRESS				1	
CITY-ST-ZIP			6.4 CI	TY - SI	T- <i>Z</i> IP				

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 n an attack nept with as address.

Block 12 or Block 13 in changed, of the an allacyment with a latedgest.

XPICK

(813)234988