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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044222 (2)

## FILED Feb 10 1998 8:00am Secretary of State

A BETTER DEAL AUTO INSURANCE, INC.					
Principal Place		Mailing Address		- 140-140-140 (M111 1201) ANILI SAIL SEIL SEIL	·
7440-B S FEDERAL HWY PORT ST LUCIE FL 34952		7440-B S FEDERAL HWY PORT ST LUCIE FL 34952			
				DO NOT WRITE IN THE 3. Date Incorporated or Qualified	HIS SPACE
				05/19/1997	
21	SAME	2a. Mailing Address	ME	4. FEI Number 3069	Applied For  Not Applicable
Suite, Apt.	#, etc /	Suite, Apt. #, etc.	•	6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24) Zip	25	29 ZIP	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	current year Intangible
	9. Name and Address of Curren		100	10. Name and Address of New Register	
744	IACAPELLI, LEONARD O-B S FEDERAL HWY RT ST LUCIE FL 34952		81 Name 82 Street Add 83	dress (P.O. Box Number is Not Acceptable)	10_
			84 City		85 Zip Code
11. Pursuant	o the provisions of Sections 607 050.	2 and 607.1508, Florida Statu	ules, the above-named corp	poration submits this statement for the purpos tion's board of directors. I hereby accept the	se of changing its registered
office of re agent. I a	egistered agent, or bolh, in the State in familiar with, and accept the obligi	of Horida. Such change was alions of, Section 607.0505, F	s authorized by the corpora Florida Statutes.	ition's board of directors. I hereby accept the	appointment as registered
agent. i ai SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligition by the state of regetered age.	illons of, Section 607.0505, F	authorized by the corporal florida Statutes.  TE Registered Agent signature requi		
signature	n tamiliar with, and accept the onligi	allons Of, Section 607,0505, F oil and tilled approvable (NC D.DIRECTORS	DTE Registered Agent signature requi		TE AND DIRECTORS IN 12
SIGNATURE  12.	Signature, typed or per historic intergence are OFFICERS AND	nt and title if applicable (NC	iorida Statutes.  Registered Agent signature requi  13.  11 TillE	ared when reinstating) DA	TE.
SIGNATURE  12.  TITLE  NAME	Signature, bywd or perfect care intropolered appoint D  MINACAPELLI, LEONARD JR	allons Of, Section 607,0505, F oil and tilled approvable (NC D.DIRECTORS	10710 Registered Agent signature requited agent signature requited agent signature requited at 1.1 Title 1.2 NAME	ared when reinstating) DA	TE AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or per historic intergence are OFFICERS AND	allons Of, Section 607,0505, F oil and tilled approvable (NC D.DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS	ared when reinstating) DA	TE AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, by and or perfect care in trageless to appear to the Configuration of FICERS AND MINACAPELLI, LEONARD JR 7440-B \$ FEDERAL HWY	allons Of, Section 607,0505, F oil and tilled approvable (NC D.DIRECTORS	10710 Registered Agent signature requited agent signature requited agent signature requited at 1.1 Title 1.2 NAME	ared when reinstating) DA	TE AND DIRECTORS IN 12
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14. Thereby certify that the information supplied with this tiling 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 suppliemental 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 register or trusten 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 approximent with an address

SIGNATURE:

Email Miracyll

1-28-1998 871-776