

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

**FILED**  
**Jun 24 1998 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000065159 (0)**

1. Corporation Name

**INSURED AUTO LIQUIDATION, INC.**

Principal Place of Business

**2612 NORTH FEDERAL HIGHWAY  
DELRAY BEACH FL 33483**

Mailing Address

**2612 NORTH FEDERAL HIGHWAY  
DELRAY BEACH FL 33483**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/28/1997**

4. FEI Number

**65-0773917**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

**GOLDSTEIN, MARK B  
1000 SOUTH FEDERAL HIGHWAY  
SUITE 201  
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

**DOUGLAS PETERS**

82 Street Address (P.O. Box Number is Not Acceptable)

**2612 N FEDERAL HWY**

83

84 City

**DELRAY BEACH**

**FL**

85 Zip Code

**33483**

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 type that prints name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **PETERS, DOUG**  
STREET ADDRESS **2612 NORTH FEDERAL HIGHWAY**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

☐ DELETE

TITLE **D**  
NAME **GOLDSTEIN, MARK B**  
STREET ADDRESS **1000 SOUTH FEDERAL HIGHWAY**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 registered 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 amendment with an address.

CR2E034 (10/97)

**Dep \$150**