

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S34230** (0)

1. Corporation Name

A AMERICAN AUTO INSURANCE OF PALM BAY, INC.



Principal Place of Business

Mailing Address

190 MALABAR RD SW
STE 122
PALM BAY FL 32907
US

1980 S. COURTNEY PARKWAY
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified
02/25/1991

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3053910

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLAKIOTIS, GEORGE
1980 S. COURTNEY PARKWAY
MERRITT ISLAND FL 32952

81 Name

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

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PLAKIOTIS, GEORGE
STREET ADDRESS 1980 S COURTNEY PKWY
CITY-STATE-ZIP MERRITT ISLAND FL

TITLE VD ☐ DELETE
NAME PLAKIOTIS, LINDA
STREET ADDRESS 1980 S COURTNEY PKWY
CITY-STATE-ZIP MERRITT ISLAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1 1 TITLE ☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY-STATE-ZIP

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY-STATE-ZIP

3 1 TITLE ☐ Change ☐ Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY-STATE-ZIP

4 1 TITLE ☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY-STATE-ZIP

5 1 TITLE ☐ Change ☐ Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY-STATE-ZIP

6 1 TITLE ☐ Change ☐ Addition

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

Date

407 253 0441

Daytime Phone #

CR2E034 (12/95)