Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90062 022 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$34230

A AMERI	ICAN AUTO INSURANCE OI	f <b>Pal</b>	M BAY, INC.						
Principal Place	of Business	Ma	alling Address						HI WISH 1881
190 MALABAR RD SW 1980 S. COURTNEY PARKWAY STE 122 MERRITT ISLAND FL 32952 PALM BAY FL 32907								DO NOT WRITE IN THIS SPACE	
US								3. Date Incorporated or Qualifed 02/25/1991	
2. Principal Pi	lace of Business	2a.	Mailing Address					· · · · · · · · · · · · · · · · · · ·	lied For
21		26						<b>59-3053910</b> Not.	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired  Fee Req	
City & State			City & State -					6. Election Campaign Financing \$5.00 M	lay Be
23			28					Trust Fund Contribution Added to	Fees
Zip	Country		Zip		ıntry			8. This corporation owes the current year Intangible	٦
24	25 29			30]	.0]			1 Stabilat 1 sports 1 sant	No
	9. Name and Address of Current	t Regist	tered Agent		04	L		10. Name and Address of New Registered Agent	
DI AL	CIOTIS GEODGE				81	Nam	е		
Plakiotis, george 1980 S. Courtney Parkway					82 Street Addr		t Addre	ress (P.O. Box Number is Not Acceptable)	
MER	RITT ISLAND FL 32952				83				
					84 City			FL 85 Zip Co	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo							d corpo	poration submits this statement for the purpose of changing its re	egistered
~office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florid	ta. Such change was a	uthorize	d by	the cor	poratio	on's board of directors. I hereby accept the appointment as regi	stered
SIGNATURE									{
					1 Agen	nt signatur	e required	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	PS IN 12
12.	PD OFFICERS AN	D DIKE	DELETE	13.	n e		Τ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition
TITLE	PLAKIOTIS, GEORGE			•	1.1 TITLE . 1.2 NAME			<u> </u>	_
NAME					1.3 STREET ADDRESS		٠		
STREET ADDRESS	MERRITT ISLAND FL						<b>"</b>		Ì
CITY-ST-ZIP TITLE				_	1.4 CITY-ST-ZIP 2.1 TITLE		<del> </del>	☐ Change	Addition
					2.2 NAME				
NAME	1980 S COURTENEY PKWY					rannnes			ĺ
STREET ADDRESS	MEDDET IOLAND E				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<b>"</b>		\
CITY-ST-ZIP				2.40 3.1T			1	Change	Addition
NAME		-	<b>—</b>	3.2 N					
STREET ADDRESS						TADDRES	s		
CITY-ST-ZIP						ST-ZIP			}
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NAME			<b>.</b>	- 6	IAME				1
STREET ADDRESS						T ADDRES	s	,	
CITY-ST-ZIP				4.4 C	ΠΥ-S'	T-ZIP			1
TITLE			☐ DELETE	5.1 7	TLE			Change	☐ Addition
NAME				5.2 N	AME				Į
STREET ADDRESS				5.3 S	TREE	TADORES	s		
CITY-ST-ZIP				5.4 C	ITΥ-\$	T-ZIP			
TITLE			☐ DELETE	6.1 T	TLE			☐ Change	☐ Addition
NAME				6.2 N	AME				Ì
STREET ANDRESS				6.3 S	TREET	T ADDRES	s		

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, with all other like empowered.

6.4 CfTY-\$1-ZIP