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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name S44441

(1)

ALL ELODIDA INCHIDANCE COLICOLO INC

| ALL PLONIDA INSONANCE SCHOOLS, INC. | | | | | | |
|-------------------------------------|---|---|-------------------------------|--|---|--|
| Principal Place o | of Business | Mailing Address | | 7 14411413 H1 61011 61411 61 | AT | |
| 555 W GRANADA BLVD D-1 | | 555 W GRANADA E | BLVD | | | |
| | | STE D-1 | 3 20174 | | | |
| US US | EACH FL 32174 | ORMOND BEACH F | L 321/4 | 3. Date Incorporated or Qualif | l l | |
| 00 | | | | 04/08/1991 | 03/16/1995 | |
| 2. Principal Plac | se of Business | 2a. Maling Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 59-3059582 | Not Applicable | |
| Suite, Apt. #, etc. | | Suito, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financir | | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability | for intangible tax under s. 199.032, | |
| 24 | 25 | 29 | [30] | | Yes No | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of No | ew Registered Agent | |
| | | | 81 Na | nine | | |
| | ifeld, stanley L. | | 82 St | reet Address (P.O. Box Number is Not Acce | eptable) | |
| | GRANADA BLVD D-1 | | 83 | | | |
| ORMOI | ND BEACH FL 32174 | | | | | |
| | | | 84 Cr | ty | FL 85 Zip Code | |
| 11 Divergent to | the provisions of Sections 607 0502 | and 607 1508. Florida Stati | rtes, the above name | ed corporation submits this statement for th | e purpose of changing its registered office | |
| or registere | ed agent, or both, in the State of Florid | a. Such change was author | ized by the corporal. | on's board of directors, I hereby accept the | appointment as registered agent. I am | |
| | n, and accept the obligations of Section | in 697,0505, Florida Statute | rs | | | |
| SIGNATURE _ | Signature: Typied or prodecinanted (frequires Lagrist / | existing the selection of the selection | aulife. Begint one Agent sign | चित्रका स्वकृतन्त्रका प्रदेश स्थान स्थान स्थान । स्थान स्वकृतन्त्रका प्रदेश स्थान | DAYE | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO | OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | ☐] ĐELEIE | 1 1 TiTLE | | Change Maddition | |
| NAME | rosenfeld, stanley L. | | 1.2 NAME | | | |
| STREET ADDRESS | 489 LAKE BRIDGE DR | | 1.3 STREET ADDI | | | |
| CITY - ST - ZIP | ORMOND BEACH FL | F1.00 F1 | 1.4 ČITY ST-ZIF | 3 | Change Addition | |
| TITLE | VP | DELETE | 2 1 11ftF | | Change 705 for | |
| NAME | ROSENFELD, SANDRA | | 2.2 NAME | sone. | | |
| STREET ADDRESS | 489 LAKE BRIDGE DRIVE | | 2.3 STREET ADDI | | | |
| CITY-S1-ZIP TITLE | ORMOND BEACH FL | [] DELETE | 2.4 City St. Zir 3.1 Table | | ☐ Change ☐ Addition | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADD | PAESS | | |
| CITY-ST-ZIP | | | 3.4 C(*Y+ST-Z) | 2 | | |
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| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 S1REEL ADD | RESS | | |
| CITY-ST-ZIF | | ,, | 4.4 CITY - \$1 - 71 | p | | |
| TITLE | | []] DELETE | 5 1 THTLE | | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADO | | | |
| CITY-ST-7'P | | | 5.4 CITY - S1 - 7I | P | Change [] Addition | |
| THILE | | ☐ DECETE | 6 1 1111 6 | | Change Addition | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADD | | | |
| CITY-ST-ZIP | | 41 Al 2 El - 2 - 1 - 1 - 1 - 1 - 1 | 6.4 City -\$1 - 21 | | 119 07(3)(k) Florida Statutes Hudher | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and closes 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 to 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 13 if changed for on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA DAKENEELD VICE DRESIDENT

6-6-96 904-673-2257