

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 26 PM 2: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S63567 (9)  
1. Corporation Name  
A AACHEN AH AUTO INSURANCE DEPOT INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4611 OKEECHOBEE BLVD STE 112 W PALM BCH FL 33417 US		Mailing Address 2 PALM RD STE 112 STUART FL 34996 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 07/02/1991		3a. Date of Last Report 07/26/1996	
4. FEI Number 65-0275657		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WALKER, KEVIN 2 PALM ROAD STUART FL 34996		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)		400002279064--2	
83		-08/27/97-01111-013	
84 City		****165.00 ****165.00	
		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	D WALKER, KEVIN GREGORY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 PALM ROAD	1.2 NAME	
STREET ADDRESS	STUART FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WALKER, DONALD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1880 S.E. A-1-A	2.2 NAME	
STREET ADDRESS	VERO BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D WALKER, DEMARIS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1880 S.E. A-1-A	3.2 NAME	
STREET ADDRESS	VERO BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

CR2E034 (4/97)

2062

ATTN: Andy  
From: Pam Walker

As per our conversation  
on 8.20.97, I have enclosed  
2 new checks and a  
Signed Report. I Regret that  
I did not receive the  
letter you sent dated  
5.20.97.

Thank You!