FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S65202 (1)

1. Corporate Name
AUTO INSURANCE MARKETING, INC.

Principal Place of Business
535 NORTH STATE ROAD 7
MARGATE FL 33063

Mailing Address
535 NORTH STATE ROAD 7
MARGATE FL 33063

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: 07/05/1991
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
ZIP — 24 / County — 25 / ZIP — 29 / County — 30

4. FEI Number: 65-0272945 ☐ 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

7. The corporation has paid, or anticipates tax under s. 631.828, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POMERANTZ, DONALD
535 NORTH STATE ROAD 7
MARGATE FL 33063

10. Name and Address of New Registered Agent

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 Section 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 Title	PD	01 Title	☐ Change ☐ Addition
02 Name	POMERANTZ, DONALD	02 Name	
03 Street Address	535 N. STATE RD. 7	03 Street Address	
04 City St ZIP	MARGATE FL	04 City St ZIP	
05 Title	VTS	05 Title	☐ Change ☐ Addition
06 Name	POMERANTZ, CAROLE	06 Name	
07 Street Address	535 N. STATE RD. 7	07 Street Address	
08 City St ZIP	MARGATE FL	08 City St ZIP	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City St ZIP		12 City St ZIP	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City St ZIP		16 City St ZIP	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City St ZIP		20 City St ZIP	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City St ZIP		24 City St ZIP	

14. I hereby certify that the information supplied with this report is true. I am aware that any false information submitted in a document to the Department of State for filing is a third degree felony as provided for in s. 817.155, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added in connection with an addition.

SIGNATURE: [signature] 4/27/95 (305) 942-1022
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME TELEPHONE NUMBER

0100336 CP