

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S68686** (2)
1. Corporation Name
AMIGA INSURANCE AGENCY, INC.



Principal Place of Business: **3061 W. HILLSBOROUGH AVE S-A TAMPA FL 33614-5967 US**
Mailing Address: **3061 W. HILLSBOROUGH AVE S-A TAMPA FL 33614-5967 US**

3. Date Incorporated or Qualified: **07/22/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3074384**
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

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **TESTA, PHILIP J. 4728 B N. LOIS AVE. TAMPA FL 33614**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 607.0509 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *MA* (Signature of registered agent) and *MA* (Signature of officer/director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	NAME	11. TITLE	12. NAME
<input type="checkbox"/> DELETE	D CARRAZANA, ARMANDO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3061 W. HILLSBOROUGH AVE. TAMPA FL		
	<i>COLLECT STREET # TO 3061</i>		
<input type="checkbox"/> DELETE	D CARRAZANA, MARIA C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3061 W. HILLSBOROUGH AVE. TAMPA FL		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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]* Date: **04/23/96** Daytime Phone #: **(813) 877-7296**

CR2E034 (12/95)