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 #

S69863

(6)

CASH REGISTER AUTO INSURANCE OF COLLIER COUNTY.

Principal Place of Business

Mailing Address

FILED May 01 1996 8:00 am Secretary of State

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1535 NORTH MAITLAND AVENUE MAITLAND FL 32751		1535 NORTH MAITLAND AVENUE MAITLAND FL 32751		2 Date to page and as Court of	3a. Date of Last Report	
					 Date Incorporated or Qualified 07/29/1991 	05/01/1995
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applied For
1	5 6. 56 × 6.1	26			65-0277281	, Not Applicable
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιp	Country	Zφ	Country	,	8. This corporation has liability for i	
4	25	29	30			□ No
	9. Name and Address of Current	Registered Agent		T No	10. Name and Address of New R	tegistered Agent
1			81	Name		
REGISTER, LLOYD 1535 N MAITLAND AVE.			82	Street Add	lress (P.O. Box Number is Not Acceptab	ole)
	ND FL 32751		83			
			84	City		FL 85 Zip Code
11 Purculant to	the provisions of Sections 607 0500	and 607 1508. Florida Statu	ites, the above.	named como	oration submits this statement for the pur	roose of changing its registered office
familiar with	g agent, or both, in the State of moral, i, and accept the obligations of Sections by almost second probabilities of a judgest agents	on 607,0505, Florida Statute	200 By The CON 2016 Registered Age			DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DC	DELFTE	1 1 TOTLE			Change Addition
1	REGISTER, LLOYD	DELFTE	1 1 TITLE 12 NAME	1		
NAMÉ.	REGISTER, LLOYD 507 E. FORESTWOOD CT.	☐ DELFTE	† 2 NAME 13 STREE	I ADDRESS		
NAME STREET ADDRESS	REGISTER, LLOYD 507 E. FORESTWOOD CT. MAITLAND FL		1 2 NAME 1 3 SYRCE 1 4 CITY -	r address St-7/2		☐ Change ☐ Addition
NAME STREET ADDRESS CITY - ST - ZIP	REGISTER, LLOYD 507 E. FORESTWOOD CT. MAITLAND FL D	☐ DELETE	1 2 NAME 1 3 SYRCE 1 4 CITY- 2 1 TILE	FADDRESS ST-7IP		
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I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this amount 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 change the computation with an address

SIGNATURE:

SIGNATURE AND TYPE OF SIGNING OFFICER OF DIRECTOR

Gricklane wholeve 4077400000