

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S69863** (6)
1. Corporation Name
CASH REGISTER AUTO INSURANCE OF COLLIER COUNTY, INC.



Principal Place of Business 1535 NORTH MAITLAND AVENUE MAITLAND FL 32751	Mailing Address 1535 NORTH MAITLAND AVENUE MAITLAND FL 32751-3317
--	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0277281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent REGISTER, LLOYD 1535 N MAITLAND AVE. MAITLAND FL 32751	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	--

10. Name and Address of New Registered Agent
--

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	
TITLE	DC REGISTER, LLOYD <input type="checkbox"/> DELETE
NAME	507 E. FORESTWOOD CT.
STREET ADDRESS	MAITLAND FL
CITY-ST-ZIP	
TITLE	D REGISTER, SHARON <input checked="" type="checkbox"/> DELETE
NAME	507 E. FORESTWOOD CT.
STREET ADDRESS	MAITLAND FL
CITY-ST-ZIP	
TITLE	ST CARNEY, JOHN <input type="checkbox"/> DELETE
NAME	1535 N MAITLAND AVE.
STREET ADDRESS	MAITLAND FL
CITY-ST-ZIP	
TITLE	ST PACE, ERICK <input type="checkbox"/> DELETE
NAME	1535 N MAITLAND AVE
STREET ADDRESS	MAITLAND FL
CITY-ST-ZIP	
TITLE	DV REGISTER, LLOYD E IV <input type="checkbox"/> DELETE
NAME	1535 N. MAITLAND AVENUE
STREET ADDRESS	MAITLAND FL
CITY-ST-ZIP	
TITLE	V REGISTER, TIMOTHY Z <input checked="" type="checkbox"/> DELETE
NAME	1535 NORTH MAITLAND AVENUE
STREET ADDRESS	MAITLAND FL 32751
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32751
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President Carney, John
3.3 STREET ADDRESS	1535 N Maitland Ave.
3.4 CITY-ST-ZIP	Maitland, FL 32751
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32751
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32751
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 (9/96)