

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 21 1998 8:00am
Secretary of State

DOCUMENT # S84146

(7)

A AACHEN ABA CLINE INSURANCE INC.



Principal Place of Business

1100 E OAKLAND PARK BLVD
104
FT. LAUDERDALE FL 33334
US

Mailing Address

1100 E OAKLAND PARK BLVD
104
FT LAUDERDALE FL 33334
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1991

4. FEI Number

65-0115698

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CLINE, DON E
1100 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33334

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 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 VST ☐ DELETE

NAME CLINE, DON E II
STREET ADDRESS 1100 E. OAKLAND PK BLVD #104
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD ☐ DELETE

NAME CLINE, DON E SR
STREET ADDRESS 2841 N OCEAN BLVD #2005
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VST ☒ Change ☐ Addition

1.2 NAME CLINE DON E. SR.
1.3 STREET ADDRESS 1100 E. OAKLAND PK BLVD #104
1.4 CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33334

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME CLINE DON E SR.
2.3 STREET ADDRESS 1100 E OAKLAND PK BLVD SUITE 104
2.4 CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33334

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 200002624202
5.3 STREET ADDRESS -08/25/98--01017--007
5.4 CITY-ST-ZIP ***158.50

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

[Handwritten Signature]

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CR2E034 (5/98)



(2)

6/30/98

DEAR SIRS,

I HEREBY RESPECTFULLY NOTIFY
YOU THAT OUR OFFICE HAS NOT
RECEIVED NOTICE #1. OUR OFFICE
COMPLEX HAS SEVERAL POSTAL WORKERS
THRU THE WEEK AND TURN OF APARTMENT
UP STAIRS.

AS YOU CAN SEE OUR RECORD OF BEING
PROMP IS AS EFFICIENT AS CAN BE.

PLEASE ACCEPT OUR PAPERS & CHECK WITHOUT
PENALTY.

THANK YOU

Dr. C. C. Se,

PRO PREMIUM FINANCE COMPANY, INC.

P.O. BOX 7099 HOLLYWOOD, FLORIDA 33081

929-4530
BROWARD

530-3588
DADE

1-800-491-8937
TOLL FREE

(305) 929-4540
FAX