

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 # **V35526** (5)

1. Corporation Name

**ADVANCE INSURANCE, INC.**



Principal Place of Business

**5171 10TH AVENUE N.  
LAKE WORTH FL 33463**

Mailing Address

**5171 10TH AVENUE N.  
LAKE WORTH FL 33463**

2. Principal Place of Business

2a. Mailing Address

21 **2180 NW 18TH Ave**

26 **(Same)**

22 **A-6**

27 **(Same)**

23 **Pompano Beach FL**

28 **(Same)**

24 **33069-1320**

29 **USA**

25 **USA**

30 **USA**

3. Date Incorporated or Qualified  
**05/12/1992**

3a. Date of Last Report  
**08/22/1995**

4. FEI Number  
**65-0339403**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, WENDY SCHAFER**  
**5171 10TH AVE N**  
**LAKE WORTH FL 33463**

*Resigned  
11/94*

81 Name **RON MANCLAW**

82 Street Address (P.O. Box Number is Not Acceptable)

**2180 NW 18TH Ave, STE A-6**

83

84

**Pompano Beach**

**FL**

85 Zip Code  
**33069**

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 am hereby accepting 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 Member, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, WENDY S.</b>	
STREET ADDRESS	<b>5171 10TH AVE N</b>	
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MANCLAW, RONALD</b>	
STREET ADDRESS	<b>5171 10TH AVE N</b>	
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

*Resigned 11/94  
Shows on 8/1/95 filing*

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ron Manclaw*

**12/31/95**

Date

Daytime Phone

CR2E034 (12/95)