

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 # **V44524** (9)

1. Corporation Name

AUTO INSURANCE PROFESSIONALS, INC.



Principal Place of Business

**2003 W. KENNEDY BLVD.
TAMPA FL 33606**

Mailing Address

**2003 W. KENNEDY BLVD.
TAMPA FL 33606**

3. Date Incorporated or Qualified
06/16/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3145888

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**DEZIEL, JILL M ESQ.
RYWANT, ALVAREZ, JONES & RUSSO, P.A.
109 N. BRUSH ST., STE 500
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
Emerson, Jill D., Esquire

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

83 same

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

Jill D. Emerson

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **MADIEDO, DEBRA S**
CITY-ST-ZIP **2003 W. KENNEDY BLVD.
TAMPA FL 33606**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **President**
1.3 STREET ADDRESS **Madiedo, Debra S.**
1.4 CITY-ST-ZIP **2003 W. Kennedy Boulevard
Tampa, Florida 33606**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Secretary**
2.3 STREET ADDRESS **Bullington, Brooks**
2.4 CITY-ST-ZIP **2003 W. Kennedy Boulevard
Tampa, Florida 33606**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Treasurer**
3.3 STREET ADDRESS **Bullington, Brooks**
3.4 CITY-ST-ZIP **2003 W. Kennedy Boulevard
Tampa, Florida 33606**

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

Debra S. Madiedo, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/16/96 8132514900

CR2E034 (12/95)