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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 # **H24792** (4)
1. Corporation Name
A AAH AUTO CASH REGISTER AUTO INSURANCE OF CITRUS COUNTY, INC.



Principal Place of Business: **% LLOYD E. REGISTER, 1535 N. MAITLAND AVE, MATLAND FL 32751**

Mailing Address: **% LLOYD E. REGISTER, 1535 N. MAITLAND AVE, MATLAND FL 32751-3317**

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **10/10/1984**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-2444984**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
REGISTER, LLOYD E., 1535 N. MAITLAND AVE, MATLAND FL 32751

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTER, LLOYD E.	1.2 NAME	
STREET ADDRESS	1535 N. MAITLAND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTER, SHARON	2.2 NAME	
STREET ADDRESS	1535 N. MAITLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, ERICK	3.2 NAME	
STREET ADDRESS	1535 N MAITLAND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTER, TIMOTHY Z	4.2 NAME	
STREET ADDRESS	1535 N MAITLAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTER, LLOYD E I	5.2 NAME	
STREET ADDRESS	1535 N. MAITLAND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Director

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 or on an attachment with an address.

SIGNATURE: *Eric Pace* DATE: *2/18/97*

CR2E034 (9/96)