

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J04360 (0)**

1. Corporation Name

**EUROPEAN AUTOMOTIVE CENTER, INC.**



Principal Place of Business

Mailing Address

**2090 N. MONROE STREET  
TALLAHASSEE FL 32303**

**2090 N. MONROE STREET  
TALLAHASSEE FL 32303**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified  
**03/17/1986**

3a. Date of Last Report  
**01/19/1995**

4. FEI Number

**59-2659948**

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

**BLOODWORTH, ROBERT  
2090 N. MONROE  
TALLAHASSEE FL 32303**

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 to print (last, first, middle initial, if any)

Printed Name of Registered Agent (required if oversteering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **DP BLOODWORTH, ROBERT**  
STREET ADDRESS **2302 ALDER DR.**  
CITY-STATE-ZIP **TALLAHASSEE FL**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

TITLE  DELETE  
NAME **VD SUGGS, WARREN**  
STREET ADDRESS **4004 WIGGINTON RD.**  
CITY-STATE-ZIP **TALLAHASSEE FL**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE  DELETE

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE  DELETE

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE  DELETE

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE  DELETE

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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:

Signature and Typed or Printed Name of Signing Officer or Director

**Robert M. Bloodworth**

**1-25-96**

**(904)386-8788**

(City)

(City, State and Zip)

CR2E034 (12/95)