

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L13427** (4)
1. Corporation Name
ORANGE AUTOMART, INC.



Principal Place of Business: **6507 SO. ORANGE AVE. ORLANDO FL 32809**
Mailing Address: **6507 SO. ORANGE AVE. ORLANDO FL 32809**

3. Date Incorporated or Qualified: **08/31/1989**
3a. Date of Last Report: **07/25/1995**
4. FEI Number: **59-2965313**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent
**RODDY, VIC
1401 QUAILEY AVE
#2018
ORLANDO FL 32804**

10. Name and Address of New Registered Agent
81 Name: **LISA BRADNICK**
82 Street Address (P.O. Box Number is Not Acceptable): **4607 ALRIK DR.**
83
84 City: **ORLANDO** FL 85 Zip Code: **32839**

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]* **Sec. 1 Treas.** 4-20-96
Signature of Registered Agent (Typed Name of Registered Agent)
Date

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRYANT, GARY W	
STREET ADDRESS	1235 BAYPOINT CT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	RODDY, VIC	
STREET ADDRESS	1055 S HIWASSEE RD #2018	
CITY-ST-ZIP	ORLANDO FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SEC. 1 TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LISA BRADNICK	
1.3 STREET ADDRESS	4607 ALRIK DR.	
1.4 CITY-ST-ZIP	ORLANDO, FL. 32839	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C. THOMAS EXUM	
2.3 STREET ADDRESS	285 BERNARD AVE.	
2.4 CITY-ST-ZIP	ORLANDO LONGWOOD, FL. 32790	
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 on an attachment with an address.

SIGNATURE: *[Signature]* **LISA BRADNICK** 4-20-96 407-438-0510
Signature and Typed or Printed Name of Signing Officer or Director Date

CR2E034 (12/95)