

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 # P93000071961 (5)

1. Corporation Name
AUTO- ACUMEN, INC.



Principal Place of Business: **443 LESLIE DR HALLANDALE FL 33009**
Mailing Address: **443 LESLIE DR HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **10/11/1993**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **65-0473065** 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
2a. Mailing Address: 26
22. State, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent: **THOMPSON, HOPE F 443 LESLIE DR HALLANDALE FL 33009**
10. Name and Address of New Registered Agent: 81 Name: **CHARLES R. THOMPSON**
82 Street Address (P.O. Box Number is Not Acceptable): **443 LESLIE DR.**
83
84 City: **HALLANDALE** FL 85 Zip Code: **33009**

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: *Charles R. Thompson* **CHARLES R. THOMPSON** 12-21-96
Signature of person or persons authorized to file this report. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: THOMPSON, CHARLES R	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 443 LESLIE DR	CITY-STATE-ZIP: HALLANDALE FL 33009	12 NAME:	
TITLE: STD	NAME: THOMPSON, HOPE F	13 STREET ADDRESS:	
STREET ADDRESS: 443 LESLIE DR	CITY-STATE-ZIP: HALLANDALE FL 33009	14 CITY-STATE-ZIP:	
TITLE:	NAME:	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	22 NAME:	
TITLE:	NAME:	23 STREET ADDRESS:	
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TITLE:	NAME:	33 STREET ADDRESS:	
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STREET ADDRESS:	CITY-STATE-ZIP:	42 NAME:	
TITLE:	NAME:	43 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	44 CITY-STATE-ZIP:	
TITLE:	NAME:	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	52 NAME:	
TITLE:	NAME:	53 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	54 CITY-STATE-ZIP:	
TITLE:	NAME:	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	62 NAME:	
TITLE:	NAME:	63 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	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: *Charles R. Thompson* **CHARLES R. THOMPSON** 2/21/96 305-456-1019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)