

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V10643 (7)
1. Corporation Name
COMP-AUTO INC.



Principal Place of Business: **4954 S. ORANGE AVE. ORLANDO FL 32809 US**
Mailing Address: **4954 S ORANGE AVE ORLANDO FL 32809 US**

3. Date Incorporated or Qualified: **01/30/1992** 3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-3108844** 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 **25** Country
2a. Mailing Address: **26** *1954 S. ORANGE AVE*
27 Suite, Apt. #, etc.
28 City & State
29 Zip **30** Country

9. Name and Address of Current Registered Agent
MOCCIO, JOHN
976 SUMMER LAKE DRIVE
ORLANDO FL 32835

10. Name and Address of New Registered Agent
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 _____ (Date) _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOCCIO, JOHN	
STREET ADDRESS	976 SUMMER LAKE DRIVE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOCCIO, JOHN	
STREET ADDRESS	976 SUMMER LAKE DR.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOMBROWSKI, RICHARD P.	
STREET ADDRESS	711 COCKATOO CT.	
CITY-STATE-ZIP	POINCIANA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LYTES, REBECCA	
STREET ADDRESS	976 SUMMER LAKES DR.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
42 NAME	LYTUS, REBECCA
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
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

3/96 *407-859-0044*
Date: _____ Phone: _____

CR2E034 (12/95)