

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 AVENUE ORLANDO FL 32809 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1992	
21		26		4. FEI Number 59-3108844	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

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) 460 HARBOUR ISLAND RD.	
83				84 City ORLANDO FL 32809	
				85 Zip Code FL	

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCCIO, JOHN	1.2 NAME	
STREET ADDRESS	976 SUMMER LAKE DRIVE	1.3 STREET ADDRESS	460 HARBOUR ISLAND RD
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCCIO, JOHN	2.2 NAME	
STREET ADDRESS	976 SUMMER LAKE DR.	2.3 STREET ADDRESS	460 HARBOUR ISLAND RD
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMBROWSKI, RICHARD P.	3.2 NAME	
STREET ADDRESS	711 COCKATOO CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYTUS, REBECCA	4.2 NAME	
STREET ADDRESS	976 SUMMER LAKES DR.	4.3 STREET ADDRESS	460 HARBOUR ISLAND RD
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE _____ **4/15/98**

CR2E034 (10/97)