

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 # 275728 (4)

1. Corporation Name:

USED CAR EXCHANGE INC



Principal Place of Business

193 S CROIX AVE
COCOA BEACH FL 32931
US

Mailing Address

P O BOX 320086
COCOA BEACH FL 32932-0086
US

3. Date Incorporated or Qualified
11/01/1963

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

59-1038138

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

GALLOWAY, ROBERT A
193 ST. CROIX AVE.
COCOA BEACH FL 32931

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST., ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST., ZIP
2. TITLE NAME STREET ADDRESS CITY, ST., ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST., ZIP
3. TITLE NAME STREET ADDRESS CITY, ST., ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST., ZIP
4. TITLE NAME STREET ADDRESS CITY, ST., ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST., ZIP
5. TITLE NAME STREET ADDRESS CITY, ST., ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST., ZIP
6. TITLE NAME STREET ADDRESS CITY, ST., ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST., ZIP

PD
GALLOWAY, ROBERT A
193 ST. CROIX AVE.
COCOA BEACH FL
VD
BRITTON, BILL D
978 BOTANY LA.
ROCKLEDGE FL
ST
GALLOWAY, NATALIE
193 ST. CROIX AVE.
COCOA BEACH FL

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14. I hereby certify that the information furnished 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 or changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-95 407 783 7896

CR2E034 (12/95)