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

**CORPORATION** ANNUAL REPORT



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

ANNUAL REPOR
1996

381769 **DOCUMENT #** 

(9)

POOR BOY'S AUTO BANCH, INC.

10011	DOT O ACTO HANOTI, IN	<b>.</b>			
Principal Place	of Business	Mailing Address	<del></del>		D BIRLU LURE DI DIE DEDEL DEDLE DEDLE SEDIE SEDIE RUDI
5210 E. COLONIAL DR. ORLANDO FL 32807			5210 E. COLONIAL DR. ORLANDO FL 32807		
				3. Date incorporated or Qualific 05/07/1971	ed 3a. Date of Last Report 05/01/1995
<del></del>		2a. Mailing Address 26	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-1357921	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oity & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z <sub>IP</sub>	Country 30		for intangible tax under s 199.032, Yes \[ \] No
,	9. Name and Address of Curre			10. Name and Address of Ne	
			81 Name		
MARTINSON III,JOE A 5210 E COLONIAL DR ORLANDO FL 32807			82 Street Add	ress (P.O. Box Number is Not Accep	otable;
			83		
			84 City		FL 85 Zip Code
or registere familiar witi SIGNATURE	o the provisions of Sections 607,050 dagent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was author Lon 607.0505, Florida Statute	zed by the corporation's boa	and of directors. I hereby accept the	purpose of changing its registered office appointment as registered agent. I am
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1 1 T TLF		Change Addition
NAME	MARTINSON III, JOSEPH A.		1.2 NAMit		
STREET ADDRESS	5210 EAST COLONIAL DRIV	νΈ	1.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		1.4 CITY - ST - ZIF		
TITLE		DELH TE	2 1 THTLE		Change Addition
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STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		<u>-</u>	2 4 CITY - ST - ZIF		
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NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		Florer	3 4 CITY - ST - 7IF		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	FT but it	4 4 CITY - ST - ZIF		
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TITLE		□ DELETE	6 1 TIFLE	,	Change Addit on
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64 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 3 if charged, or on an attachment with an address. AND THE OF SERVING OF MEET OR DIRECTOR

SIGNATURE:

President 4-6-96 407 282 2733