

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

**APPROVED  
AND  
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**95 MAR 29 AM 8:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**600001443206  
-03/29/95--01096--002  
\*\*\*\*200.00 \*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 542728 (1)**

1. Corporation Name  
**CARTER'S AUTOMOTIVE CORPORATION**

Principal Place of Business  
**1800A WEST MCNAB AVE  
DELRAY BEACH FL 33444  
US**

Mailing Address  
**P.O. BOX 6154  
DELRAY BEACH FL 33484  
US**

3. Date Incorporated or Qualified **08/10/1977**      3a. Date of Last Report **05/01/1994**

2. Principal Place of Business  
21. State, Apt #, etc.  
22. City & State

2a. Mailing Address  
26. State, Apt #, etc.  
27. City & State  
28. City, State, Zip  
29. City, State, Zip  
30. Country

4. FEI Number **59-1766615**      Applied For  Not Acceptable

5. Certificate of Status (Required)  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes  Yes  No **JK**

9. Name and Address of Current Registered Agent  
**CARTER, AL  
6342 LA SALLE RD  
DELRAY BEACH FL 33435**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD CARTER, AL 6342 LA SALLE RD. DELRAY BEACH FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SD ROTH, JOSEPH MONACO C 120 DELRAY BEACH FL</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V ROTH, JOSEPH MONACO C 120 DELRAY BEACH FL</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. \_\_\_\_\_  
SIGNATURE: **Joseph ROTH JOSEPH ROTH 3/2/95 407 499-4444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR