	PROFIT DRPORATION NUAL REPORT <b>1996</b>		Secr	PARTMENT C ra B. Morthar etary of State DF CORPORA	1				
DOCL 1. Corporat	JMENT # 5	(0)							
FLOF	RIDA AUTOMATIC 1	rransmission se	RVICES, IN	C.		I INTER I DELLA INTERIO		IAN ANNA ANNA ANAN	I AHAN AHANT BEBEN AARI
Principal Pla	Principal Place of Business		Mailing Address						
NC. 5385 SEMINOLE BLVD. ST. PETERSBURG FL 33708			NC. 5385 SEMINOLE BLVD. ST. PETERSBURG FL 33708						
	F.N					3. Date Incorporated o 11/14/1978	r Qualified	3a. Date of L 02/24	
21	Place of Business	2a. Ma 26	ailing Address			4. FEI Number 59-1857823			Applied For Not Applicable
Suite, Ap		27 St	iite, Apt. #, etc.			5. Certificate of Status	Desired		8.75 Additional Fee Required
City & St 23	ate	Cil 28	ty & State			6. Election Campaign F Trust Fund Contribut			5.00 May Be Added to Fees
Ζφ 24	Count 25	29		Cour 30	iry	<ul> <li>B. This corporation has Florida Statutes</li> </ul>	liability for in Ves		der s 199.032,
	9. Name and Addr	ess of Current Registere	ed Agent		1 Name	10. Name and Addres	s of New Re	gistered Agen	It
	, Harold Box 1082			ļ	2 Street Add	ress (P.O. Box Number is No	t Acceptable	3)	
	LND FL 32626			1	3				•••••••••••••••••••••••••••••••••••••••
				-	4 City			<b>6</b> 5	Zip Code
11. Pursuar or regisl	nt to the provisions of Sect tered agent, or both, in the	ions 607.0502 and 607.15 State of Florida, Such ch	508, Florida Statu ande was author	ites, the abov	→named corpo	ration submits this statement	for the purp	FL ose of changing	g its registered office
io mar	war, that tooept the oblig	ions 607.0502 and 607.15 9 State of Florida. Such ch ations of, Section 607.050	508, Florida Statu ange was author 5, Florida Statute	ites, the abov ized by the co is.	named corpo rporation's boa	ration submits this statement rd of directors. I hereby acce	for the purp opt the appoi	ose of changing ntment as regis	) its registered office tered agent. I am
SIGNATURE	Signature typed or protectionance	of registeres agent and the if apple	apie (N	IOTE: Registered A	e-named corpo rporation's boa	id when reinstating)		ose of changing ntment as regis	<u> </u>
io mar	Styliat instruction printed name	ations of, Section 007.000	apie (N		jont signature require			ose of changing ntment as regis	CTORS IN 12
SIGNATURE 12. DRE NAME	Styliat in transfer protection PD MACK, HAROLD	of registeres agent and the if apple	ann (N	IOTL : Registered A	gont signature require	id when reinstating)		OSE Of changing Intment as regis	CTORS IN 12
SIGNATURE 12. http: NAME SIRLET ADDRESS	PD MACK, HAROLD S RTE 1 BOX 1062	of registeres agent and the if apple	ann (N	IOTE : Registered A 13. 1. 1 TH 1.2 NAN 1.3 STR	ont signature require E E E1 ADDRESS	id when reinstating)		OSE Of changing Intment as regis	CTORS IN 12
SIGNATURE 12. DRE NAME	Styliat in transfer protection PD MACK, HAROLD	of registeres agent and the if apple	ann (N	IOTE : Registered A 13. 1. 1 TU 1.2 NAN 1.3 STR 1.4 CITM	ont signature require E E E1 ADDRESS - ST - ZIP	id when reinstating)		DATE DATE DATE CRS AND DIRE	CTORS IN 12
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