

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 838107 (1)

1. Corporation Name

AUTO SHOW, INC.

Principal Place of Business

Mailing Address

3000 SOUTH WOODLAND DR
DELAND FL 32720
US

P.O. BOX 3160
DELAND FL 32723-3160



3. Date Incorporated or Qualified

03/28/1977

3a. Date of Last Report

04/17/1995

4. FEI Number

05-0342135

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAUREGARD, RICHARD
3000 S WOODLAND BLVD.
DELAND FL 32723-3160

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

2/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
BEAUREGARD, RICHARD
STREET ADDRESS
P.O. BOX 3160 N/A
CITY - ST - ZIP
DELAND FL

2. TITLE ☐ DELETE

NAME
BEAUREGARD, RICHARD
STREET ADDRESS
P.O. BOX 3160 N/A
CITY - ST - ZIP
DELAND FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

8. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

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 13 if changed, or on an attached change of name address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

904-736-2000

CR2E034 (12/95)