

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 # **G39847** (0)

1. Corporation Name

HOMESTEAD AUTO MANAGEMENT, INC.



Principal Place of Business

Mailing Address

% JAMES KELLEY JR.
30000 S. FEDERAL HWY.
HOMESTEAD FL 33033-3204

% JAMES KELLEY JR.
30000 S. FEDERAL HWY.
HOMESTEAD FL 33033-3204

2. Principal Place of Business

2a. Mailing Address

21 **29990 S Fed Hwy**
Suite, Apt. #, etc.

26 **29990 S Fed Hwy**
Suite, Apt. #, etc.

22 City & State
Homestead FL

27 City & State
Homestead FL

23 Zip Country
33033-3204 Dade

28 Zip Country
33033-3204 Dade

9. Name and Address of Current Registered Agent

GOULD, SUSAN
30000 S. FEDERAL HWY.
HOMESTEAD FL 33033

3. Date Incorporated or Qualified
05/18/1983

3a. Date of Last Report
05/11/1995

4. FEI Number

59-1972706

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

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Susan Gould

Susan Gould Agent

3-13-96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when not state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
KELLEY, JAMES P JR.
30000 S. FEDERAL HWY.
HOMESTEAD FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**SECT.
Susan Gould
29990 S Dixie Hwy
Homestead FL 33033-3204**

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 attachment with an address.

SIGNATURE:

Susan Gould
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

D.O.

(Daytime Phone)

CR2E034 (12/95)