

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Sep 11 1996 8:00 am
Secretary of State

DOCUMENT # H03108 (8)

1. Corporation Name
SOUTH FLORIDA AUTO EXCHANGE, INC.



Principal Place of Business Mailing Address
3801 S. FEDERAL HWY STUART FL 34997

3. Date Incorporated or Qualified **05/08/1984** 3a. Date of Last Report **03/31/1995**
4. FEI Number **59-2436774** 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 **2755 S.E. Federal Hwy** 26 **2755 S.E. Federal Hwy**
Suite, Apt #, etc Suite, Apt #, etc
22 **Stuart, FL** 27 **Stuart, FL**
City & State City & State
24 **34994** 25 **USA** 29 **34994** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
**CHAMBERLAIN, WILLIAM A.
3801 S. FEDERAL HWY
STUART FL 34997**

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 _____ DATE _____
Signature type for postmark of the registered agent and the applicable (if 31): Registered Agent signature required when modifying.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, WILLIAM A.	1.2 NAME	
STREET ADDRESS	3801 S. FED HWY	1.3 STREET ADDRESS	2445 S.E. Federal Hwy.
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	34994
TITLE	DSV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, WILLIAM F.	2.2 NAME	
STREET ADDRESS	3801 S. FED HWY	2.3 STREET ADDRESS	2445 S.E. Federal Hwy.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	34994
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	400001955144
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-09/24/96--01137--021
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 Sect on 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Chamberlain* **9/6/96** **561-288-1999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year Phone #

CR2E034 (3/96)