

**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 # **H34281 (6)**  
1. Corporation Name  
**AUTO PLACEMENT CENTER, INC.**



Principal Place of Business  
**160 AMARAL ST  
EAST PROVIDENCE RI 02915  
US**

Mailing Address  
**160 AMARAL ST.  
EAST PROVIDENCE RI 02915  
US**

3. Date Incorporated or Qualified **12/14/1984**      3a. Date of Last Report **04/05/1995**

4. FEI Number **59-2478026**      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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip      Country  
24      25

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (Signature typed or printed name of registered agent and the filer is acceptable)      (NOTE: Registered Agent signature required when not filing)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SPD</b>	<input type="checkbox"/> DELETE
NAME	<b>LYONS, ROBERT P., JR.</b>	
STREET ADDRESS	<b>160 AMARAL STREET</b>	
CITY-ST-ZIP	<b>E. PROVIDENCE RI</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LYONS, ROBERT P., SR.</b>	
STREET ADDRESS	<b>160 AMARAL STREET</b>	
CITY-ST-ZIP	<b>E. PROVIDENCE RI</b>	
TITLE	<b>Senior Vice President - MIS</b>	<input type="checkbox"/> DELETE
NAME	<b>Lyons, Joseph W.</b>	
STREET ADDRESS	<b>160 Amaral Street</b>	
CITY-ST-ZIP	<b>East Providence, RI 02915</b>	
TITLE	<b>Senior Vice President - Finance</b>	<input type="checkbox"/> DELETE
NAME	<b>DelBonis, James A.</b>	
STREET ADDRESS	<b>160 Amaral Street</b>	
CITY-ST-ZIP	<b>East Providence, RI 02915</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>Halliday, Daniel W.</b>	
STREET ADDRESS	<b>160 Amaral Street</b>	
CITY-ST-ZIP	<b>East Providence, RI 02915</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>Kuehfus, Richard J.</b>	
STREET ADDRESS	<b>160 Amaral Street</b>	
CITY-ST-ZIP	<b>East Providence, RI 02915</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Ex-Vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Lyons, John E.</b>	
1.3 STREET ADDRESS	<b>160 Amaral Street</b>	
1.4 CITY-ST-ZIP	<b>East Providence, RI 02915</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: James A. DelBonis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96      401 4348760

CR2E034 (12/95)