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Feb 03 1998 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/14/1984

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2478026		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS INC  
528 EAST PARK AVE  
TALLAHASSEE FL 32301

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, ROBERT P., JR.	1.2 NAME	
STREET ADDRESS	160 AMARAL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	E. PROVIDENCE RI	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, ROBERT P., SR.	2.2 NAME	
STREET ADDRESS	160 AMARAL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	E. PROVIDENCE RI	2.4 CITY-ST-ZIP	
TITLE	SVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, JOSEPH W	3.2 NAME	
STREET ADDRESS	160 AMARAL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	E PROVIDENCE RI	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELONIS, JAMES A	4.2 NAME	
STREET ADDRESS	160 AMARAL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	E PROVIDENCE RI	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLIDAY, DANIEL W	5.2 NAME	
STREET ADDRESS	160 AMARAL ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	E PROVIDENCE RI	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHFUS, RICHARD J	6.2 NAME	
STREET ADDRESS	160 AMARAL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	E PROVIDENCE RI	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James A DelBonis James A DelBonis Sr Vice-President 1/26/98 (404)434-8760

CR2E034 (10/97)