

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H34449**

(9)

1. Corporation Name:

**AUTO CLINIC CF, INC.**

Principal Place of Business:

**C/O DENIS OJALA  
1911 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804**

Mailing Address:

**C/O DENIS OJALA  
1911 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804**



3. Date Incorporated or Qualified  
**12/17/1984**

3a. Date of Last Report  
**03/07/1995**

4. FCI Number  
**59-2472454**

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

2. Principal Place of Business:

21. State, Apt. #, etc.  
22. City & State  
23. Zip

2a. Mailing Address:

26. State, Apt. #, etc.  
27. City & State  
28. Zip

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

**OJALA, DENIS  
1911 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to provisions of Sections 607.0602 and 607.1502, 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 provisions of Sections 607.0602, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | OJALA, DENIS           |                                 |
| STREET ADDRESS | 1911 N ORANGE BLSM TRL |                                 |
| CITY-ST-ZIP    | ORLANDO FL             |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

13.

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-ST-ZIP     |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-ST-ZIP     |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-ST-ZIP    |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-ST-ZIP    |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-ST-ZIP    |                                                                   |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this filing was truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information and data on this annual report was supplemented by annual reports to the bank and a variety of other sources, 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 and the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the corporation's records with an address.

SIGNATURE: (4)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X) 4-10-96 (4) 407 843 530

CR2E034 (12/95)