

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandia B. Methman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H52481** (9)

1. Corporation Name  
**FLORIDA AUTO PHONE, INC.**



Principal Place of Business: **7000 SW 8TH STREET MIAMI FL 33144 US**  
Mailing Address: **7000 SW 8TH STREET MIAMI FL 33144 US**

3. Date Incorporated or Qualified: **04/16/1985**  
3a. Date of Last Report: **02/16/1995**  
4. FEI Number: **59-2519786**  
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** Sub: Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Sub: Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONTE, JOE**  
**11163 N.W. 7TH ST. #202**  
**MIAMI FL 33172**

81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.050, 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 607.050, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
12.2 NAME	<b>MONTE, JOE</b>	
12.3 STREET ADDRESS	<b>11163 N.W. 7TH ST. #202</b>	
12.4 CITY - ST. ZIP	<b>MIAMI FL</b>	
12.5 TITLE	<b>V</b>	<input type="checkbox"/> DELETE
12.6 NAME	<b>MONTE, BRENDA</b>	
12.7 STREET ADDRESS	<b>9139 FOUNTAINEBLEAU BLVD #8</b>	
12.8 CITY - ST. ZIP	<b>MIAMI FL</b>	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY - ST. ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY - ST. ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY - ST. ZIP		

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST. ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST. ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST. ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST. ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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. 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:

*Joe Monte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

265-8080  
599-5222

CR2E034 (12/95)