

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PH 3:29

DOCUMENT # H82051 (4)
1. Corporation Name
LMO-AUTO, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1625 SE 3RD AVE., SUITE 400 P.O. BOX 350248 FORT LAUDERDALE FL 33316 US		Mailing Address 1625 SE 3RD AVE., SUITE 400 P.O. BOX 350248 FORT LAUDERDALE FL 33316 US		3. Date Incorporated or Qualified 10/22/1985	3a. Date of Last Report 04/28/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2590671		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DICKENS, WILLIS N 1625 SE 3RD AVE., SUITE 400 P.O. BOX 350248 FT. LAUDERDALE FL 33335				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO DICKENS, WILLIS N. 1831 S.E. 9TH STREET FT. LAUDERDALE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE NAME 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 Section 110.07(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 Block 12 or Block 13 if changed, or in my attachment with an address.

SIGNATURE: _____ **2-21-95 (305) 524-6527**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR