FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY - ST - ZIP

FILED Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J99287 (1)**AUTO ENTERPRISES INC.** Principal Place of Business Mailing Address C/O JOAN L. BAILEY C/O JOAN L. BAILEY 4775 S. PLEASANT GROVE ROAD 4775 S. PLEASANT GROVE ROAD DO NOT WRITE IN THIS SPACE INVERNESS FL 32652-4864 INVERNESS FL 32652-4864 3. Date Incorporated or Qualified 10/22/1987 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2854248 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible □ No 24 Personal Properly Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAILEY, JOAN L. 4775 S PLEASANT GROVE RD Street Address (P.O. Box Number is Not Acceptable) **INVERNESS FL 32652** 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE NAME BAILEY, JOAN L. 1,2 NAME CR2E034 STREET ADDRESS **6565 E. ANNA JO DR.** 1.3 STREET ADDRESS INVERNESS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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

Wohn I BAILEY

4/1/98 352-726-1565