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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13427

(4)

ORANGE AUTOMART, INC.

**SIGNATURI** 

Principal Place of Business Mailing Address						: .	ALIAN ASSEK SIRIK OLSIN SERIK	
8507 SO. ORANGE AVE. ORLANDO FL 32809  8507 SO. ORANGE AVE. ORLANDO FL 32809-5103								
						3. Date Incorporated or Qualified 08/31/1989	3a. Date of Last R	eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		plied For
21		26				59-2965313		t Applicable
Suite Apt.	# etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 /	
City & State	£3	City & State	City & State				Fee Re	
23	O .	28				Election Campaign Financing     Trust Fund Contribution	\$5.00	
Ζip	Country		Zip Country			Trust Fund Contribution		
24	25	29	30	<del></del>		Florida Statutes     Statutes		
	9. Name and Address of Curr	ent Registered Agent		Г		10. Name and Address of New Registered Agent		
LISA	BRADNICK			81	Name			
4607	ALRIX DR			82	Street Add	ress (P.O. Box Number is Not Acceptate	) )	
ORL	ANDO FL 32839				0110017100	1030 (1.0. DOX NOTIDE 13 NOT NOCOPIAL	no)	
				83			. ,	
				84	City		FL 85 Zip (	Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Stat	utoc the a	boyo	named cor	poration submits this statement for the p		A
office or re	egistered agent, or both, in the Sta m familiar with land accept the ob-	ile of Florida. Such change was	s authorize	d by	the corpora	tion's board of directors. I hereby accept	of the appointment as	registered
SIGNATURE	Signature typed or profiled name of registered.	Count Seel to all molecular (China	CITE Proportion	d Bran		ired when reinslating)		
12.		IND DIRECTORS	13.	a Agen		ADDITIONS/CHANGES TO DEEK	DATE	IS IN 12
TITLE	VP	DELETE	1.1 1	ITLE	TF	CLESIDENT, V.P. DARREL WEST GOOTALLPINE CO	Change	Z Addition
NAME	BRYANT, GARY W	•	1.2 N	AME		DARREL WEST		, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	1235 BAYPOINT CT		1.3 S	TREET A	ADDRESS 3	1060 TALLPINE CI	· •	
CITY-ST-ZIP	LONGWOOD FL			ITY-ST	-ZIP	PRLANDO FL. 3	૩ <b>૨</b> ૬૦૬	
TITLE	ST	DELETE	2.1 TI		"	ALDER VIEW	☐ Change	Addition
NAME	LISA BRADNICK		2.2 N	AME				
STREET ADDRESS	4607 ALRIX DR		2.3 ST	TREET A	ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2.40	CITY - ST	T- ZIP			
TITLE	P	<b>₩</b> DELETE	3.1 TI	ITLE			☐ Change	Addition
NAME	C. THOMAS EXUM	•	3 2 N/	AME				
STREET ADDRESS	285 BERNARD AVE		3.3 SI	TREET A	ADDRESS			
CITY - ST - ZIP	LONGWOOD FL			HTY-SI	r-ZIP			
TITLE		L DELETE	- 4.1 TI				☐ Change	Addition
NAME			4.2 N					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP TITLE		DELETE		ITY-SI	- ZIP			1,220
NAME		□ UCLCI€	51 Ti				L Change	Addition
STREET ADDRESS			5.2 N/		PODDECC			
CITY - ST - ZIP					ADDRESS			
TITLE		DELETE	5.4 Ci	tty-st Iti f	- LIF		Change	Addition
NAME			6.2 N/				- Analige	Rubinori
STREET ADDRESS			1		ADDRESS			
CHY-ST-ZIP				ITY-ST				
14. I do heret	by certify that the information suppl	lied with this filing does not qua	ality for the	exen	notion state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
informatio Lam an of	in iodicaled on this applialmenott o	r supplemental annual report is or the receiver or trustee empo	s true and a owered to e	20011	edt bae atar	t my signature shall have the same lega rt as required by Chapter 607, Florida S	d affact as if made up	doe ooth, that