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

FILED Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L19507 AUTO EAST, INC. Principal Place of Business Mailing Address %SHIRLEY WALSH 101 HUNTER TRAIL **%SHIRLEY WALSH** 101 HUNTER TRAIL DO NOT WRITE IN THIS SPACE LONGWOOD FL 32779 LONGWOOD FL 32779 3. Date Incorporated or Qualified 09/22/1989 2. Principal Place of Business 2a. Mailing Address Applied For 3594 Commodore Cir. Suite, Apt #, etc. 3594 Commodore CIR Not Applicable 59-2970716 \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing DELRAY 23 28 DELRAY BU Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33483 30 PACM 25 | FACM BCh 28 33483 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent **B1** Name WALSH, SHIRLEY 101 HUNTERS TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 LONGWOOD FL 32779 83 DELRAY Zip Code 33483 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida 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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agont signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NAME WALSH, ROBERT A 12 NAME 101 HUNTERS TRAIL 3594 COMMODORE CR STREET ADORESS 1.3 STREET ADORESS CITY-ST-ZIP LONGWOOD FL 1.4 CITY-ST-ZIP DELRAY BCh FL DELETE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2. 4 CITY - ST - 2(F DELETE Change Addition TET1 F 3.1 TiTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-\$1-ZIP 4.4 CITY - ST- ZIP DELETE Channe Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change ___ Addition TITLE

14. Thereby 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 of 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

6 2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Robert A. Walsh

407 328-8007