

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L46113 (1)
 1. Corporation Name
AUTOMOTIVE BUSINESS CONSULTANTS, INC.



Principal Place of Business 1300 NO. FEDERAL HWY FT LAUDERDALE FL 33304	Mailing Address 1300 NO. FEDERAL HWY FT LAUDERDALE FL 33304-1428
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2. Principal Place of Business 4901 N. Federal Hwy.		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1990	3a. Date of Last Report 04/03/1996
21 Suite, Apt. #, etc. Suite 350		26 Suite, Apt. #, etc.		4. FEI Number 65-0168321	Applied For Not Applicable
22 City & State Ft. Lauderdale, FL		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33308		28 Country Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33308		25 Country Broward		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHANNON, MICHAEL SEAN, P.A. 1300 N. FEDERAL HWY FT. LAUDERDALE 33308				10. Name and Address of New Registered Agent		
				81 Name Eric J. Dorer		
				82 Street Address (P.O. Box Number is Not Acceptable) 412 NE Fourth St.		
				83 XXXXXXXXXXXXXXXX		
				84 City Ft. Lauderdale	85 Zip Code FL 33301	

11. Pursuant to the provisions of Sections 607.007 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: *[Signature]* **ERIC J. DORER** DATE: **4/7/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME FRONRATH, GARY	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1300 N FEDERAL HWY	CITY - ST - ZIP FT LAUDERDALE FL	1.2 NAME	
		1.3 STREET ADDRESS 4901 N. Federal Hwy. - #350	
		1.4 CITY - ST - ZIP	
TITLE SD	NAME WILLIAMS, BARBARA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1300 NORTH FEDERAL HWY.	CITY - ST - ZIP FT. LAUDERDALE FL	2.2 NAME	
		2.3 STREET ADDRESS 4901 N. Federal Hwy. - #350	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Barbara Williams, Sec. 97** Date: **4-2-97** Daytime Phone #: **954-489-3973**

CR2E034 (9/96)