

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 4901 N FEDERAL HWY STE 350 FT LAUDERDALE FL 33308 US	Mailing Address 1300 NO. FEDERAL HWY FT LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/30/1990

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 4901 N. Federal Hwy
22 City & State	27 Suite 350
23 Zip	28 Ft. Lauderdale, FL
24 Country	29 33308
25 Country	30 US

4. FEI Number 65-0168321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DORER, ERIC J
 412 NE 4TH ST
 FT. LAUDERDALE 33301**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	30 NE 3rd St.		Ft. Lauderdale FL	33301

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRONRATH, GARY	
STREET ADDRESS	4901 N FEDERAL HWY #350	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BARBARA	
STREET ADDRESS	4901 N FEDERAL HWY #350	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4901 N. Federal Hwy., #350
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	4901 N. Federal Hwy., #350
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Barbara Williams* **Barbara Williams 4-3-98 954-489-3973**

CR2E034 (10/97)