**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGU 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO R TATE: $375.)**

PROFIT
CORPORATION
ANNUAL REPORT
**1996**

FLORIDA DEPARTMEN STATE
Sandra B. Mort
Secretary of St
DIVISION OF CORPO IONS

DOCUMENT # **L61115** **(6)**

1. Corporation Name

**DELRAY AUTO TRIM INC.**

Principal Place of Business
**P.O. BOX 2838**
**DELRAY BEACH FL 33447**

Mailing Address
**P.O. BOX 2838**
**DELRAY BEACH FL 33447**

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt #, etc | Suite, Apt. #, etc |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip / Country | Zip / Country |
| 24 / 25 | 29 / 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified **03/30/1990** | 3a. Date of Last Report **05/01/1995** |
| 4. FEI Number **65-0182291** | Applied For / Not Applicable |
| 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

**WOOLLEY, THOMAS J., JR., ESQUIRE**
**639 E OCEAN AVE**
**S408**
**BOYNTON BCH FL 33435**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|---|---|---|---|---|
| D | WOOLLEY, THOMAS J., JR. | 639 E OCEAN AVE S408 | BOYNTON BCH FL | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | | | Change | Addition |
|---|---|---|---|---|---|
| 11 | LE | | | ☐ | ☐ |
| 12 | ME | | | | |
| 13 | REET ADDRESS | | | | |
| 14 | Y-ST-ZIP | | | | |
| 21 | LE | | | ☐ | ☐ |
| 22 | ME | | | | |
| 23 | REET ADDRESS | | | | |
| 24 | Y-ST-ZIP | | | | |
| 31 | LE | | | ☐ | ☐ |
| 32 | ME | | | | |
| 33 | REET ADDRESS | | | | |
| 34 | Y-ST-ZIP | | | | |
| 41 | LE | | | ☐ | ☐ |
| 42 | ME | | | | |
| 43 | REET ADDRESS | | | | |
| 44 | Y-ST-ZIP | | | | |
| 51 | LE | | | ☐ | ☐ |
| 52 | ME | | | | |
| 53 | REET ADDRESS | | | | |
| 54 | Y-ST-ZIP | | | | |
| 61 | LE | | | ☐ | ☐ |
| 62 | ME | | | | |
| 63 | REET ADDRESS | | | | |
| 64 | Y-ST-ZIP | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this address.

**SIGNATURE:** Thomas J. Woolley Atty. 8/5/96 561-274-8521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)