

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L92155** (5)

1. Corporation Name  
**LANE'S AUTOMOTIVE, INC.**



Principal Place of Business

**4349 OKEECHOBEE BLD.  
S-E1  
WEST PAL BCH. FL 33409**

Mailing Address

**4349 OKEECHOBEE BLD.  
S-E1  
WEST PAL BCH. FL 33409**

3. Date Incorporated or Qualified  
**06/03/1990**

3a. Date of Last Report  
**05/23/1995**

2. Principal Place of Business

21 **2820 OKEECHOBEE BLVD.**

2a. Mailing Address

26 **2820 OKEECHOBEE BLVD.**

4. FEI Number  
**65-0207620**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State  
**WEST PALM BEACH, FL.**

27 City & State  
**WEST PALM BEACH, FL.**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip **33409** Country **U.S.**

28 Zip **33409** Country **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARREN, ROBERT L  
6863 LAKESIDE ROAD  
WEST PALM BEACH FL 33411**

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 the taxpayer

(If filer is Registered Agent signature required when reporting)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME **P WARREN, ROBERT L** ☐ DELETE  
STREET ADDRESS **6863 LAKESIDE ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or given in attachment with an address.

SIGNATURE:

*Robert L. Warren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert L. Warren 4/18/96 (407) 478-1144*  
Date Date Phone #

CR2E034 (12/95)