SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N9400005885 (8) **DOCUMENT #** FLORIDA ANTI-CAR THEFT COMMITTEE. INC. Principal Place of Business Mailing Address 2125 S.E. 2ND TERRACE 2125 S.E. 2ND TERRACE CAPE CORAL FL 33990 CAPE CORAL FL 33990 3. Date Incorporated or Qualified 3a. Date of Last Report 11/28/1994 07/26/1995 4 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0554325 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Zip 🗌 Yes 💢 No 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 BUENO, DENNIS C Street Address (P.O. Box Number is Not Acceptable) 82 2125 S.E. 2ND TERRACE 83 CAPE CORAL FL 33990 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition Addition 1.1 TITLE Ď TITLE COOPER, WILLIAM R 12 NAME Metcalfe, H. Les **CR2E037** NAME 621 N.W. 53RD STREET, SUITE 700 1.3 STREET ADDRESS 621 NW 53rd Street, Suite 700 STREET ADDRESS **BOCA RATON FL 33487** 1.4 CITY - ST-ZIP Boca Raton, FL 33487 CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE MCCOY, KENNETH 2.2 NAME NAME P.O. BOX 95008 N/A 2.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 30347-0008 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 31 TITLE TITLE 32 NAME MCGIVONEY, FRANK D NAME 3.3 STREET ADDRESS P.O. BOX 12339 N/A STREET ADDRESS OXFORD GA 30267 3.4. CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE SMITH, W. RUSSELL 4 2 NAME NAME 17200 COMMERCE PARK BLVD. 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33647-2600 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE DEREMER, JACQUES 5.2 NAME NAME 9105 N.W. 25TH STREET, ROOM 3028 5.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33172** 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6 2 NAME NAME

6.3 STREET ADDRESS

6.4 C(TY - ST - Z)P

SIGNATURE:

 I do hereby certify that the info further certify that the informal made under oath; that I am an that my name appears in

STREET ADDRESS

CITY - ST - ZIP

is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I ort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if ation of he receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

H. Les Metealfe 3/1/96 407-997-1545

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