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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. M. [unclear]  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000025931 (5)**  
1. Corporation Name  
**AUTOMOTIVE ENTHUSIASTS, INC.**

Principal Place of Business: **3098 POLK AVE. SPRING HILL FL 34609**  
Mailing Address: **3098 POLK AVE. SPRING HILL FL 34609**

2. Principal Place of Divisions		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/08/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
21. State, Apt #, etc.	22. City & State	23. City & State	24. City & State	4. FEI Number <b>59-3180454</b>	Applied For Not Applicable
25. City & State	26. City & State	27. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. City & State	30. City & State	31. City & State	32. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**LOSURDO, JOHN**  
**3098 POLK AVE.**  
**SPRING HILL FL 34609**


**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3** City  
**B4** City  
**B5** Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(3), 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 Sections 607.05(3), Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent)  
\_\_\_\_\_ (Signature of Registered Agent)  
\_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1/2	
1. NAME <b>DP LOSURDO, JOHN</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME <b>3098 POLK AVE.</b>	
1.3 STREET ADDRESS <b>SPRING HILL FL 34609</b>	1.4 CITY, ST, ZIP <b>SPRING HILL FL 34609</b>	1.5 NAME <b>DVST LOSURDO, FRANK</b>	1.6 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.7 STREET ADDRESS <b>3048 HOLIDAY LAKE DR.</b>	1.8 CITY, ST, ZIP <b>HOLIDAY FL 34691</b>	1.9 NAME <b>[Blank]</b>	1.10 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.11 STREET ADDRESS <b>[Blank]</b>	1.12 CITY, ST, ZIP <b>[Blank]</b>	1.13 NAME <b>[Blank]</b>	1.14 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.15 STREET ADDRESS <b>[Blank]</b>	1.16 CITY, ST, ZIP <b>[Blank]</b>	1.17 NAME <b>[Blank]</b>	1.18 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.19 STREET ADDRESS <b>[Blank]</b>	1.20 CITY, ST, ZIP <b>[Blank]</b>	1.21 NAME <b>[Blank]</b>	1.22 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.23 STREET ADDRESS <b>[Blank]</b>	1.24 CITY, ST, ZIP <b>[Blank]</b>	1.25 NAME <b>[Blank]</b>	1.26 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 111.07(1)(b), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall begin the same legal effect as if made in person. That I am an officer or director of the corporation or the receiver or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an affidavit filed with an address.

**SIGNATURE:**  **John Losurdo**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**4/6/95** **813-844-3504**