

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 # P93000026675 (7)

1. Corporation Name

DIMENSIONAL AUTO BROKERS, INC.



Principal Place of Business

Mailing Address

996 WESTWOOD SQUARE  
SUITE 5  
OVIEDO FL 32765

346 NORWOOD CT  
SUITE 5  
OVIEDO FL 32765  
US

3. Date Incorporated or Qualified

04/07/1993

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 1365 DeLeon St # C

26 346 NORWOOD CT

4. FEI Number

59-3179083

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

10. Name and Address of New Registered Agent

JEWELL, LINDA S  
996 WESTWOOD SQUARE  
SUITE 5  
OVIEDO FL 32765

81 Name

Eugene J. Kocol

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

1365 DeLeon St # C

83

84 City

OVIEDO

FL

85 Zip Code

32765

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 Linda S. Jewell - old agent - new Agent Eugene J. Kocol DATE 4/30/96

(NOTE: Registered Agent signature required when changing agent)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME JEWELL, LINDA S  
STREET ADDRESS 346 NORWOOD COURT  
CITY-ST-ZIP OVIEDO FL 32765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Eugene J. Kocol  
1.2 NAME Pres, VP, Sec, Treas  
1.3 STREET ADDRESS 346 NORWOOD CT  
1.4 CITY-ST-ZIP OVIEDO, FL 32765

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 on an attachment with an address.

SIGNATURE Eugene J. Kocol DATE 4-30-96 DAYTIME PHONE # 359-8797

CR2E034 (12/95)