

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 20 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000043753 (1)

**1. Corporation Name
A-1 AUTO PARK OF FLORIDA, INC.**



**Principal Place of Business
425 WEST ADAMS ST.
JACKSONVILLE FL 32202
US**

**Mailing Address
P.O. BOX 40894
JACKSONVILLE FL 32203-0894
US**

3. Date Incorporated or Qualified 06/14/1993
3a. Date of Last Report 01/26/1996
4. FEI Number 59-3190827
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

2. Principal Place of Business
2a. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Country

**9. Name and Address of Current Registered Agent
HOWARD, JAMES E
321 TIDEWATER CIRCLE, EAST
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9412 JONES Rd
83
84 City
85 Zip Code
FL 32219

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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

<input type="checkbox"/> DELETE	D	HOWARD, JAMES E 321 TIDEWATER CIRCLE, EAST JACKSONVILLE FL 32211
<input type="checkbox"/> DELETE	D	GREEN, TERRY W 1151 WARD CREEK DRIVE MARIETTA GA 30084
<input checked="" type="checkbox"/> DELETE	D	BELL, HARLEY J 1470 MOORE'S MILL ROAD, N.W. ATLANTA FL 30327
<input type="checkbox"/> DELETE		
<input type="checkbox"/> DELETE		
<input type="checkbox"/> DELETE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
	1.2 NAME	
	1.3 STREET ADDRESS	9412 JONES Rd
	1.4 CITY-ST-ZIP	32219
<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97
Date

Daytime Phone # _____

CR2E034 (9/96)