

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000065480 (4)

1. Corporation Name

D & D AUTO BROKERS INC.

Principal Place of Business

8540 CRYSTAL CT.
UNIT H.I. & J
FT. MYERS FL 33907
US

Mailing Address

8540 CRYSTAL CT.
UNIT H.I. & J
FT. MYERS FL 33907
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 8540 crystal crt.		26 2460 Chandler ave.		09/21/1993		05/01/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 33907		29 33907		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCGONIGAL, ANNELIESE
8540 CRYSTAL COURT
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director / President
NAME	MCGONIGAL, DAVE J	1.2 NAME	MCGonigal, Dave J
STREET ADDRESS	1339 JAMBALANA LANE	1.3 STREET ADDRESS	2460 Chandler ave
CITY-ST-ZIP	FORT MYERS FL 33901	1.4 CITY-ST-ZIP	Ft. Myers FL 33907
TITLE	D	2.1 TITLE	Director / V. President
NAME	MCGONIGAL, ANNELIESE	2.2 NAME	Amabile, Felix
STREET ADDRESS	1339 JAMBALANA LANE	2.3 STREET ADDRESS	13805 Heronwood Ln. # 56
CITY-ST-ZIP	FORT MYERS FL 33901	2.4 CITY-ST-ZIP	Ft Myers FLA 33919
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

DAVE MCGONIGAL

DAVE MCGONIGAL 4-25-96 941-275-4410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)