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Feb 04 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 # P94000000286 (2)

1. Corporation Name
OAKLAND PARK INSURANCE & AUTO TAGS, INC.

Principal Place of Business
735 E. OAKLAND PARK BLVD.
OAKLAND PARK FL 33334
US

Mailing Address
735 E. OAKLAND PARK BLVD.
OAKLAND PARK FL 33334-2747
US



3. Date Incorporated or Qualified 01/03/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0457255		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. 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

PILKEY, JAMES C
1800 SE THIRD AVE
SUITE B
FT LAUDERDALE FL 33316-2877

10. Name and Address of New Registered Agent

81 Name Edward Lawson
82 Street Address (P.O. Box Number is Not Acceptable) 12731 NW 1st
83
84 City Plantation FL 85 Zip Code 33325

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, for 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 *Edward Lawson* Edward Lawson 1/24/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director / President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, EDWARD	1.2 NAME	Edward Lawson
STREET ADDRESS	8310 STATE ROAD 84	1.3 STREET ADDRESS	12731 NW 1st
CITY - ST - ZIP	DAVE FL 33324	1.4 CITY - ST - ZIP	Plantation, FL 33325
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SEC Director / sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Michele Lawson
STREET ADDRESS		2.3 STREET ADDRESS	12731 NW 1st
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Plantation, FL 33325
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Martin Kramer
STREET ADDRESS		3.3 STREET ADDRESS	715 SW 158th Terr.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Sunrise, FL 33326
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Donald Doctor
STREET ADDRESS		4.3 STREET ADDRESS	1219 SW 87th Terr.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Michele Lawson* Michele Lawson 1/24/97 954-989-0282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CF2E034 (9/96)