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 # **P94000004933 (5)**

1. Corporation Name

AUTO-BANK INTERNATIONAL, INC.

Principal Place of Business

1331 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

1331 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: **01/01/1994**

3a. Date of Last Report: **04/04/1995**

4. FEI Number: **65-0511628** [ ] Applied For [ ] Not Applicable

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 filed its intangible tax under s. 199.032, Florida Statutes. [✓] Yes [ ] No

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

STANZIANO, ROBERT T
1331 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0506, 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. The street address of the registered office and the name of the registered agent are identical. The corporation hereby confirms the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Date

12. OFFICERS AND DIRECTORS

TITLE	PDS	[ ] DELETE
NAME	THONNEY, MICHEL	
STREET ADDRESS	1497 S.E. SUNSHINE AVE.	
CITY, ST, ZIP	PORT ST. LUCIE FL	
TITLE	D	[ ] DELETE
NAME	THONNEY, INGEBORG	
STREET ADDRESS	1497 SE SUNSHINE AVE.	
CITY, ST, ZIP	PORT ST LUCIE FL	
TITLE	DV	[ ] DELETE
NAME	THONNEY, MICHELE	
STREET ADDRESS	1497 SE SUNSHINE AVE.	
CITY, ST, ZIP	PORT ST LUCIE FL	
TITLE	DEVP	[ ] DELETE
NAME	STANZIANO, ROBERT T	
STREET ADDRESS	1331 N. MILITARY TRAIL	
CITY, ST, ZIP	W. PALM BEACH FL	
TITLE	DT	[ ] DELETE
NAME	THONNEY, SACHA	
STREET ADDRESS	1497 SE SUNSHINE AEV.	
CITY, ST, ZIP	PORT ST LUCIE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY, ST, ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY, ST, ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY, ST, ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY, ST, ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY, ST, ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied herein, if this is correct, furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or statement and annual report is true and complete and that my signature shall have the same legal effect and be binding as if made under oath, that I am an officer or director of the corporation or other legal entity required to file an annual report by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached list if not applicable.

SIGNATURE: E.V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #