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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9400007139 (6) DOCUMENT

AUTO SEARCH ENTERPRISES. INC.

Principal Place of Business Mailing Address 5058 DOWNING ST 4805 OAK CAVE LANE ORLANDO FL 32806 ORLANDO FL 32839 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3218343 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žιρ Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HERALD, DENNIS N 4605 OAK COVE LANE Street Address (P.O. Box Number is Not Acceptable) R2 ORLANDO FL 32806 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 prioted name of registeric agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE TIFLE Change 1.1 TITLE HERALD, DENNIS N. 1.2 NAME NAME CR2E034 4605 OAK COVE LANE 1.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE. HERALD, CYNTHIA 2.2 NAME NAME 4605 OAK COVE LANE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition THILE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST- ZIP Change DELFTE Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition THILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 is 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 of 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 chapted, or on an attachment with an address. SIGNATURE:

FILED

Apr 20 1998 8:00am

Secretary of State