

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 # P94000012175 (3)

1. Corporation Name

RTJ COMPLETE AUTO, INC.



Principal Place of Business

**10220 FISHER AVENUE
UNIT #6
TAMPA FL 33619**

Mailing Address

**10220 FISHER AVENUE
UNIT #6
TAMPA FL 33619**

3. Date Incorporated or Qualified
02/10/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

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26

4. FEI Number

59-3225589

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LALL, ROBERT B
10220 FISHER AVE
UNIT 6
TAMPA FL 33619**

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 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

Lauren Lall

(NOTE: Registered Agent signature required when reinstating)

Lauren Lall

1/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	LALL, ROBERT	
STREET ADDRESS	10220 FISHER AVE., #6	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LALL, LAUREN	
STREET ADDRESS	10220 FISHER AVE., #6	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LALL, ROBERT	
STREET ADDRESS	10220 FISHER AVE., #6	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LALL, LAUREN	
STREET ADDRESS	10220 FISHER AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>S</i>
3.3 STREET ADDRESS	<i>Lauren Lall</i>
3.4 CITY-ST-ZIP	<i>10220 Fisher Ave. #6</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Tampa, FL 33619</i>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Lauren Lall

1/15/96

(813) 653-2042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)