

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jul 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000027363 (8)**

1. Corporation Name  
**THOMPSON-FELT AUTO BROKERS, INC.**

Principal Place of Business  
**5331 TWIN CREEK DR.  
VALRICO FL 33594**

Mailing Address  
**6557 NW 32ND TERRACE  
BOCA RATON FL 33496-3333**



2. Principal Place of Business 21 <b>40 GERALD DAMSKY, P.A.</b> Suite, Apt. #, etc. 22 <b>2295 CORPORATE BLVD NW #134</b> City & State 23 <b>BOCA RATON FL</b> Zip 24 <b>33431</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>40 GERALD DAMSKY, P.A.</b> Suite, Apt. #, etc. 27 <b>2295 CORPORATE BLVD #134</b> City & State 28 <b>BOCA RATON, FL</b> Zip 29 <b>33431</b> Country 30 <b>US</b>		3. Date Incorporated or Qualified <b>04/11/1994</b>	3a. Date of Last Report <b>02/29/1996</b>
		4. FEI Number <b>59-3227170</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**FELT, CHARLES F JR.  
6557 NW 32ND TERRACE  
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CPD</b>	<input type="checkbox"/> DELETE
NAME	<b>FELT, CHARLES F JR</b>	
STREET ADDRESS	<del><b>6557 NW 32ND TERRACE</b></del>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FELT, FRANCESCA L</b>	
STREET ADDRESS	<del><b>445 DOUGLAS AVENUE, SUITE 2205J</b></del>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>40 GERALD DAMSKY, P.A.</b>
1.3 STREET ADDRESS	<b>2295 CORPORATE BLVD #134</b>
1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>40 GERALD DAMSKY, P.A.</b>
2.3 STREET ADDRESS	<b>2295 CORPORATE BLVD #134</b>
2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 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, changed, or on an attachment with an address.

SIGNATURE: **7/23/97**

CP2E034 (9/96)