

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035340 (6)

1. Corporation Name

CARACELLO AUTOMOTIVE CORP.



Principal Place of Business

Mailing Address

4500 U.S. HIGHWAY #1 SOUTH
FORT PIERCE FL 34982

POST OFFICE BOX 2049
FORT PIERCE FL 34954

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 P. O. BOX 16469

22 City & State

27 City & State
28 Jacksonville, Florida

23 Zip Country

29 32245 30 Duval

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

02/24/1995

4. FEI Number

59-3248155

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARACELLO, ROBERT W
4850 U.S. HWY. 1, SOUTH
FT PIERCE FL 34982

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPC
CARACELLO, ROBERT W
4500 U.S. HWY. #1 SOUTH
FT PIERCE FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
NOBLE, NANCY D
7400 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D S T VP
7400 Baymeadows Way
P. O. BOX 16469 Jacksonville, Florida 32245

D VP S
Wilma S. Gallagher
P. O. Box 16469 Jacksonville, Florida 32245

Change Addition

Change Addition

200001882822
-07/03/96--01022--014
***225.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wilma S. Gallagher Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96

904-730-2464

CR2E034 (3/96)