

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 10:02

DOCUMENT # P94000038582 (0)

1. Corporation Name
LOCAL AUTO EXCHANGE, INC.

Principal Place of Business Mailing Address
**3930-A VILLAGE DR.
DELRAY BEACH FL 33445** **3930A VILLAGE DR.
DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/23/1984

2. Principal Place of Business 2a. Mailing Address
21 **2404 N. Dixie Hwy** 26

4. FEI Number Applied For
05-0495075 Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

23 City & State 28 City & State
Wilton Manors, FL

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

24 Zip 25 Country 29 Zip 30 Country
33305 **Broward**

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

**GOROWITZ, JERRY
3930-A VILLAGE DR.
DELRAY BEACH FL 33445**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 the if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GOROWITZ, JERRY
STREET ADDRESS	3930-A VILLAGE DR.
CITY - ST - ZIP	DELRAY BEACH FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gorowitz, Jerry
1.3 STREET ADDRESS	3930A Village Dr
1.4 CITY - ST - ZIP	Delray Bch, FL 33445
2.1 TITLE	Gorowitz, Stacy L <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3930A Village Dr
2.3 STREET ADDRESS	Delray Bch, FL 33445
2.4 CITY - ST - ZIP	VP, S, D
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 and only if) on an attachment with an address.

SIGNATURE:  **Stacy Gorowitz, V-P** Date: **3-20-95** **3059017988**