

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.

DO NOT WRITE IN THIS SPACE.

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

Mailing Address
3930A VILLAGE DR.
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified
05/23/1984

3a. Date of Last Report

2. Principal Place of Business

21 **2404 N. Dixie Hwy**

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
05-0495075

Applied For
 Not Applicable

22 City & State

23 **Wilton Manors, FL**

27 City & State

28

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

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

24 Zip **33305**

25 Country **Broward**

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing)

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	VP, S, D
2.3 STREET ADDRESS	Delray Bch, FL 33445	
2.4 CITY - ST - ZIP		
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** **3-20-95** **3059017988**
Signature and typed or printed name of signing officer or director Date Daytime Phone #