

**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 # **P94000038582 (0)**
1. Corporation Name

LOCAL AUTO EXCHANGE, INC.



Principal Place of Business

Mailing Address

2404 N DIXIE HWY
WILFORD MANORS FL 33305
US

3930-A VILLAGE DR.
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified 05/23/1994	3a. Date of Last Report 04/12/1995
4. FEI Number 65-0495075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 **2501 N. Dixie Hwy**

26 Suite, Apt. #, etc

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

28 City & State

Pompano Bch., FL

29 Zip

24 Zip

Country

25 Country

33064

USA

29

30 Country

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
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 of Registered Agent or Director (Print Name and Title) _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	DPT GOROWITZ, JERRY	3930-A VILLAGE DR.	DELRAY BEACH FL	<input type="checkbox"/>
	VSD GOROWITZ, STACY L	3930A VILLAGE DR	DELRAY BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 included 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:

Stacy Gorowitz v-p
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96 054-283-6988
DATE AND TELEPHONE NUMBER

CR2E034 (3/96)