SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000079246 (2)**

1. Corporation Name
AUTO DEALER COMPUTER NETWORK, INC.

Principal Place of Business	Mailing Address
5310 NW 33RD AVE SUITE 100 FT LAUDERDALE FL 33330-9	5310 NW 33RD AVE SUITE 100 FT LAUDERDALE FL 33330-9

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/28/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1665 SOUTH STATE ROAD 7
22 Suite, Apt. #, etc.
23 City & State: NORTH LAUDERDALE FL
24 Zip: 33068
25 Country: US

2a. Mailing Address
26 1665 SOUTH STATE RD 7
27 Suite, Apt. #, etc.
28 City & State: NORTH LAUDERDALE, FL
29 Zip: 33068
30 Country: US

4. FEI Number: 65-0532214 ☐ 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

LANE, PAUL J
5310 NW 33RD AVE SUITE 100
FT LAUDERDALE FL 33330-9

10. Name and Address of New Registered Agent

81 Name: DAVID J. JONES
82 Street Address (P.O. Box Number is Not Acceptable): 1665 SOUTH STATE ROAD #7
83
84 City: NORTH LAUDERDALE FL 85 Zip Code: 33068

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: David J. Jones DAVID J. JONES, CONTROLLER, SECRETARY 6 JUNE 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not attaching) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRES, DIRECTOR [redacted]	☒ Change ☐ Addition
NAME	LANE, PAUL J	1.2 NAME	LAZARO, SPIRO	
STREET ADDRESS	5310 NW 33RD AVE SUITE 100	1.3 STREET ADDRESS	1665 SOUTH STATE ROAD 7	
CITY-ST-ZIP	FT LAUDERDALE FL 33330-9	1.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		2.1 TITLE	VP RESEARCH, D	☐ Change ☒ Addition
NAME		2.2 NAME	HADWIN, DAVID SMOAK	
STREET ADDRESS		2.3 STREET ADDRESS	1665 SOUTH STATE ROAD 7	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		3.1 TITLE	VP RESEARCH, DIRECTOR	☐ Change ☒ Addition
NAME		3.2 NAME	HADWIN, ANDREA BURCH	
STREET ADDRESS		3.3 STREET ADDRESS	1665 SOUTH STATE ROAD 7	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		4.2 NAME	MARTINEZ, HENRY	
STREET ADDRESS		4.3 STREET ADDRESS	1665 SOUTH STATE ROAD 7	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		5.1 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME		5.2 NAME	JONES, DAVID J.	
STREET ADDRESS		5.3 STREET ADDRESS	1665 SOUTH STATE ROAD 7	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: LAZARO, SPIRO 6 JUNE 95 (305)974-3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0073349 CF