

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 # P94000079246 (2)

1. Corporation Name

AUTO DEALER COMPUTER NETWORK, INC.



Principal Place of Business

Mailing Address

1655 S STATE ROAD 7  
N LAUDERDALE FL 33068  
US

1665 S STATE ROAD 7  
N LAUDERDALE FL 33068  
US

2. Principal Place of Business

2a. Mailing Address

21 0% AFFORDABLE FINANCE

26 0% AFFORDABLE FINANCE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1665 S. STATE ROAD 7

27 105 S. STATE ROAD 7

City & State

City & State

23 N. LAUDERDALE, FL

28 MARGATE, FL

Zip

Zip

24 33068

Country

29 33068

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

07/07/1995

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

10. Name and Address of New Registered Agent

81 Name

LAZARO SPIRO

82 Street Address (P.O. Box Number is Not Acceptable)

2871 NE 18TH ST

83

84 City

POMPANO BEACH

FL

85 Zip Code

33062

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

7/11/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
LAZARO, SPIRO  
STREET ADDRESS 1665 S STATE ROAD 7  
CITY - ST - ZIP N LAUDERDALE FL

TITLE ☐ DELETE

NAME VD  
HADWIN, DAVID SMOAK  
STREET ADDRESS 1665 S STATE ROAD 7  
CITY - ST - ZIP N LAUDERDALE FL

TITLE ☐ DELETE

NAME VD  
HADWIN, ANDREA BURCH  
STREET ADDRESS 1665 S STATE ROAD 7  
CITY - ST - ZIP N LAUDERDALE FL

TITLE ☐ DELETE

NAME D  
MARTINEZ, HENRY  
STREET ADDRESS 1665 S STATE ROAD 7  
CITY - ST - ZIP N LAUDERDALE FL

TITLE ☒ DELETE

NAME ST  
JONES, DAVID J  
STREET ADDRESS 1665 S STATE ROAD 7  
CITY - ST - ZIP N LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME T  
LAZARO, WENDY  
1.3 STREET ADDRESS 2871 N.E. 18TH ST.  
1.4 CITY - ST - ZIP POMPANO BEACH, FL, 33062

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME S  
AMANNA PANAGIOTA  
2.3 STREET ADDRESS 6730 KIMBERLY BLVD  
2.4 CITY - ST - ZIP N. LAUDERDALE, FL, 33068

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/96 (954)-974-3313  
EXT 12

CR2E034 (3/96)