

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Tallahassee, Florida  
32399-0001

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000080178 (4)**

95 MAY -1 AM 11:24

1. Corporate Name

**ORANGE AVENUE AUTO, INC.**

2. Mailing Address

**145 ORANGE AVE.  
DAYTONA BEACH FL 32114**

3. Mailing Address

**145 ORANGE AVE.  
DAYTONA BEACH FL 32114**

DO NOT WRITE IN THIS SPACE

3. Date of Report (or Liquidation)

3a. Date of Last Report

**11/01/1994**

4. Filing Number

Adjusted For

Not Applicable

**59-3300373**

5. Certificate of Status (Signed)

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

Trust Fund Contribution

8. The corporation has liability for unreported tax under 25.194(1)(2)

Florida Statutes

☐ Yes ☐ No

2. Mailing Address

21. Date of Report

22. City & State

23. City & State

24. City & State

25. City & State

26. City & State

27. City & State

28. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

81. Name

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

83. City

84. City

**FL**

85. City & State

11. Pursuant to the provisions of Sections 606.03 and 606.15 of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office for reporting purposes 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 hereby sworn and accept the obligations of Section 606.03 of the Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of New Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

|                |                           |
|----------------|---------------------------|
| NAME           | DP<br>ADELINIS, DENNIS    |
| STREET ADDRESS | 145 ORANGE AVE.           |
| CITY & STATE   | DAYTONA BEACH FL 32114    |
| NAME           | DST<br>KRZEMINSKI, DANIEL |
| STREET ADDRESS | 145 ORANGE AVE.           |
| CITY & STATE   | DAYTONA BEACH FL 32114    |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY & STATE   |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY & STATE   |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY & STATE   |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY & STATE   |                           |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |

**REMITTED BY MAY 1**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims no liability for the consequences stated in law for 25.194(1)(2) of the Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporation shall incur the same legal effect for all records under law. That I am personally or on behalf of this corporation the receiver or holder responsible to receive the report on, respond to, and file the report on, and that my name is as appears in Block 1, or Block 1, or Block 1, or on an affidavit with an address.

SIGNATURE:

*D. J. Adelinis*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**D. J. ADELINIS**

4/29/95

95-257-0710