

**FILE NOW: FILING FEE AFTER MAY 1 IS \$235.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000017537 (8)

1. Corporation Name  
**AUTO HAVE IT CO.**



Principal Place of Business: 5555 COLLINS AVENUE STE. 4H MIAMI BEACH FL 33140  
Mailing Address: 5555 COLLINS AVENUE STE. 4H MIAMI BEACH FL 33140

3. Date incorporated or Qualified: 03/01/1995  
3a. Date of Last Report: [blank]  
4. FEI Number: 65-0559777  
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

2. Principal Place of Business: 21 [ ]  
2a. Mailing Address: 26 [ ]  
Suite, Apt. #, etc.: 22 [ ]  
City & State: 27 [ ]  
Zip: 23 [ ] Country: 24 [ ]  
Country: 25 [ ] Zip: 29 [ ] Country: 30 [ ]

9. Name and Address of Current Registered Agent  
**KARPEL, ISAAC**  
5555 COLLINS AVENUE STE. 4H  
MIAMI BEACH FL 33140

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 607.0506, Florida Statutes.

SIGNATURE: [Signature] DATE: [ ]

12. OFFICERS AND DIRECTORS  
TITLE: PRES-SEC  
NAME: ISAAC KARPEL  
STREET ADDRESS: 5555 COLLINS AV #4H  
CITY-ST-ZIP: MIAMI BEACH, FL 33140  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME: [ ]  
1.3 STREET ADDRESS: [ ]  
1.4 CITY-ST-ZIP: [ ]  
2.1 TITLE: [ ] Change [ ] Addition  
2.2 NAME: [ ]  
2.3 STREET ADDRESS: [ ]  
2.4 CITY-ST-ZIP: [ ]  
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: 100001780981  
5.1 TITLE: -04/15/96--01127--001  
5.2 NAME: \*\*\*200.00  
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 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ISAAC KARPEL

CR2E034 (12/95)