FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000026591 (4)**

1. Corporation Name
RPM AUTOSALES, INC.

Principal Place of Business
2302 EAST WINTER PARK ROAD
ORLANDO FL 32803

Mailing Address
2302 EAST WINTER PARK ROAD
ORLANDO FL 32803

3. Date Incorporated or Qualified: **03/31/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 3550 Edgewater Dr.
Suite, Apt. #, etc.
22
City & State
23 Orlando Fl.
Zip 24 32804
Country 25 ORANGE

2a. Mailing Address
26 3550 Edgewater Dr.
Suite, Apt. #, etc.
27
City & State
28 Orlando Fl.
Zip 29 32804
Country 30 ORANGE

4. FEI Number: 59-3311521 — 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
MULLIGAN, RICHARD P
2302 EAST WINTER PARK ROAD
ORLANDO FL 32803

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 607.0505, Florida Statutes.

SIGNATURE: Signature of a member of the firm of the registered agent, or the registered agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	MULLIGAN, RICHARD P
STREET ADDRESS	2302 EAST WINTER PARK ROAD
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	D ☐ DELETE
NAME	ZWEIFEL, TERENCE G
STREET ADDRESS	1518 GAYLE RIDGE DRIVE
CITY-ST-ZIP	APOPKA FL 32703
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — (407) 295-6030 Daytime Phone #

CR2E034 (12/95)