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 # **P95000029266 (0)**

1. Corporation Name

AUTO PROPERTIES, INC.

Principal Place of Business

1748 EL TRINIDAD DRIVE
CLEARWATER FL 34619

Mailing Address

1748 EL TRINIDAD DRIVE
CLEARWATER FL 34619

2. Principal Place of Business
21 1605 So. Missouri Ave
22 Suite, Apt. #, etc.
23 City & State: Clearwater, FL
24 Zip: 34616 25 Country: USA

2a. Mailing Address
26 1605 So Missouri Ave
27 Suite, Apt. #, etc.
28 City & State: Clearwater, FL
29 Zip: 34616 30 Country: USA

3. Date Incorporated or Qualified: **04/10/1995**

3a. Date of Last Report

4. FEI Number: 59-3308205 ☐ 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

SEAMAN, CAROL J
1748 EL TRINIDAD DRIVE
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: Levin, Carol J.
82 Street Address (P.O. Box Number is Not Acceptable)
83 1605 So. Missouri Ave
84 City: Clearwater, FL FL 85 Zip Code: 34616

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: Carol J. Levin — Carol J. Levin — 4-9-96
(Signature of New Registered Agent, if changing) (Name of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEVIN, LEONARD D 1605 S. MISSOURI AVE. CLEARWATER FL 34616	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SEAMAN, CAROL J 1748 EL TRINIDAD DRIVE CLEARWATER FL 34619	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	STD Levin, Carol J. 1605 So Missouri Ave Clearwater, FL 34616	☒ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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 business agent appointed 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 added above.

SIGNATURE: [signature], President Leonard D. Levin 4-9-96 813-581-4061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)