FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041917 (2)

AUTO DASHES, INC.

Principal Pla	ce of Bus	iness
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Mailing Address

FILED May 08 1997 8:00am Secretary of State



DEERFIELD BE		DEERFIELD BEACH					
					3. Date Incorporated or Qualified		eport
	ace of Business	2a, Mailing Addres	2a. Mailing Address		4. FEI Number	Applied For	
21	4 -1-	26			65-0584643	·	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27		ic.		5. Certificate of Status Desired Sectional Fee Required			
City & State)	City & State			Election Campaign Financing	\$5.00 Added t	
Zip	28 Country Zιρ		Count	17007 1 0713 00112 1011			
24	25	29	30	,	Florida Statutes		
	g, Name and Address o	Current Registered Agent			10. Name and Address of New Re	gistered Agent	
	D, NANCY M		8	1 Name			
	SW 24TH TERRACE		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
DEE	RFIELD BEACH FL 3344	2	_				
			8	3			
			8	4 City		FL 85 Zip (Code
11 Pursuant 1	o the provisions of Sections	607.0502 and 607.1508. Florida	Statutes, the abo	ve-named cor	poration submits this statement for the p		s registered
office or re	egistered agent, or both, in the familiar with, and accept to	he State of Florida. Such change he obligations of, Section 607.05	e was authorized to	by the corpore	poration submits this statement for the pation's board of directors. I hereby accep	of the appointment as	registered
SIGNATURE	ii igiiinai mai, ano doogti	no obligations of occitor correct	oos, monda otalal	00.			
SIGNATURE	Signature, typed or printed name of reg		(NOTE: Registered A	gent signature requ	ired when renstating)	DATE	
12.		ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	0	☐ DELE				Change	Addition
NAME	TODD, NANCY M	^=	1.2 NAM				
STREET ADDRESS	1407 SW 24TH TERRA DEERFIELD BEACH FL			ET ADDRESS			
CITY-ST-ZIP TITLE	DECAPIELO DEACH FL	0ELC	1,4 CHY TE 2.1 TITLE			Change	Addition
NAME			2.2 NAM			Line of the same o	1.00
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE	*	☐ DELC	TE 3.5 TITLE	:		Change	Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	- Mary	T on		'- ST - ZIP			T A d Do
TITLE		☐ DEL				Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS				E1 ADDRESS			
CITY-ST-ZIP TITLE		DELI	4.4 CITY STE 5.1 TITLE			Change	Addition
NAME		, J DEC	5.2 NAM				tond - April 511
STREET ADDRESS				£1 ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DEL!				☐ Change	Addition
NAME			62 NAM	F			
STREET ADDRESS			6.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			6A City	- \$1 - ZIP			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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. Continue ()