FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNÚAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 · P95000053638 (9) DOCUMENT # AUTO I CONSULTANTS, INC. Principal Place of Business Mailing Address 2755 S FEDERAL HWY 2755 S FEDERAL HWY STUART FL 37994 STUART FL 37994 3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1995 2a. Maining Address 4. FEI Number 2. Principal Place of Business Applied For 4313 SOUTH FEDERAL HIGHWAY 62-0047151 Not Applicable 21 4313 SOUTH FEDERAL HIGHWAY 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 STUART, FLORIDA STUART, FLORIDA 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζıp Zφ 34997 Florida Statutes Yes No 24 34994 25 USA 29 30 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PAINE, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 82 1800 S AUSTRALIAN AVE SUITE 205 **WEST PALM BEACH FL 33409** Zip Code City 84 85 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 2/12/96 THOMAS DERITA JR. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Addition Change TIFLE 1 1 THILE DERITA, THOMAS JR 1.2 NAME NAME 5570 WHIRLAWAY ROAD 13 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 14 C(TY - ST - Z)P CITY - \$1 - ZIP DELETE ☐ Change Addition 2 1 11/16 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 24 CITY - ST - ZIP CITY - ST-ZIP DELETE . Change Addition 3 1 TIBLE TITLE 3.2 NAME NAME 3.3. STREET ACDRESS STREET ADDRESS CITY-ST-ZIP 3.4 City - \$1 - 2iF DELETE ☐ Change Addition 4 1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZiP 4.4 CITY - ST - 7(P DELETE ☐ Change Addition TITLE 5 1 1/11 F 5.2 NAME STREE! ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5.4 C+TY - ST - Z+P DEL ETE 6 1 TITLE 4000017714<sup>9</sup>4°° NAME -04/08/96--01002--013

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quaify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

\*\*\*280.00

SIGNATURE. SIGNATURE AND TYPEO OR PRINTED NAME OF SEMEND OFFICER OR DIRECTOR

STREET ADDRESS

CITY - ST - ZIP

2/12/96 (407) 286-8000 CR2E034 (12/95)