FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #
1. Corporation Name

SIGNATURE:

P95000054702 (2)

Marian Aunsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE AUTO BUFF, INC.							
Principal Place of Business Mailing Address 1716 MIZELL AVENUE 1716 MIZELL AVENUE WINTER PARK F: 32789 WINTER PARK F: 32							
					3. Date Incorporated or Qualified 07/13/1995	3a. Date of Last F	Зерол
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 359/22 Applied For Not Applicable		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	1 1 7	5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	00 May Be ed to Fees
Zip Country 25		Zip [29]	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes X No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered Agent	
AINSWORTH, MARION 1716 MIZELL AVENUE WINTER PARK F; 32789			8 8 8	2 Street Addr	ess (P.O. Box Number is Not Acceptal		ip Code
familiar with, SIGNATURE Signature	agent, or bout, in the State of Florid , and accept the obligations of, Section	a. Sikini shange was author, on 607.0505, Florida Statute AUUUUTA nd tilici ar picakie ik D DIRECTORS	Zed by the cors. OIE Registered Ag 13.	poration's boar	ation submits this statement for the purid of directors. I heroby accept the app d when renstating! ADDITIONS/CHANGES TO OFF	cintment as registered 4/29/96 904te CERS AND DIRECTO	DRS IN 12
NAME STREET ADDRESS CITY-S1-ZIP	AINSWORTH, MARION 1716 MIZELL AVENUE WINTER PARK F; 32789	[] DELETE	1. 1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	T ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D [] DELETE AINSWORTH, MARION 1716 MIZELL AVENUE WINTER PARK F; 32789		2 1 HITLE 2 2 NAME 2.3 STREE 2.4 CHY-	i adoress		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3 1 TITLE 3.2 NAME 3.3 STRE	FT ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W	[] DELETE		I ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE		I ADDRESS	Change Addition		Addition
THTLE NAME STREET ADDRESS CHY-ST-ZIP		DELETE		T ADDRESS		Change	Addition
14. I do hereby o certify that the oath; that I a	ie information indicated on mis annua	at report or supplemental ann ation or the receiver or truste	nua: report is tr de embawered	os not qualify fo	or the exemption stated in Section 119 te and that my signature shall have the report as required by Chapter 607, Fl	come local offect on it	f manda codes

4/29/96 407-647-1632 Dayt nic Priorie #