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Secretary of State

03-11-1999 90046 043 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054702

1. Corporation Name
THE AUTO BUFF, INC.

Principal Place of Business
1716 MIZELL AVENUE
WINTER PARK F: 32789

Mailing Address
1716 MIZELL AVENUE
WINTER PARK F: 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1995

4. FEI Number

59-3359122

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business
21 8529 SOUTHPARK CIR.

2a. Mailing Address

26

Suite, Apt. #, etc.
22 SUITE 130

Suite, Apt. #, etc.
27

City & State
23 ORLANDO FL

City & State
28

Zip Country
24 32819 25 USA

Zip Country
29 30

9. Name and Address of Current Registered Agent

AINSWORTH, MARION
1716 MIZELL AVENUE
WINTER PARK F: 32789

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME AINSWORTH, MARION
STREET ADDRESS 1716 MIZELL AVENUE
CITY-ST-ZIP WINTER PARK F: 32789

TITLE D
NAME AINSWORTH, MARION
STREET ADDRESS 1716 MIZELL AVENUE
CITY-ST-ZIP WINTER PARK F: 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. (ADDITIONS) CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ST (SECRETARY-TREASURER) Change Addition
1.2 NAME BRIAN S. CSERCSEVITS
1.3 STREET ADDRESS 2625 LAFAYETTE AVE.
1.4 CITY-ST-ZIP WINTER PARK, FL 32789

2.1 TITLE D (DIRECTOR) Change Addition
2.2 NAME BRIAN S. CSERCSEVITS
2.3 STREET ADDRESS 2625 LAFAYETTE AVE.
2.4 CITY-ST-ZIP WINTER PARK, FL 32789

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Marion Ainsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 407-647-7086

Date Daytime Phone #

CR2E034 (11/98)