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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUI 1. Corporation	MENT # P950	0005663	38 (6)					
E.L. E/	ADY AUTO, INC.							
Principal Place	of Business	Mailing Add	ress				AI BUUNI DANDE UNAN DAND UTUU	NO KINDI KUNI KUDI
	RY TRAILS DRIVE BOR FL 34695		intry trails (Iarbor FL 346					
						3. Date Incorporated or Qualified 07/21/1995	3a. Date of Last Re	eport
2. Principal Pla	ice of Business	2a. Mailing A	Address			4. FEI Number		Applied For
Suite, Apt. i	r, etc.	26 Suite. Ar	nt #, etc.			59-332662		Not Applicable Additional
22		27	h·			5. Certificate of Status Desired		Required
City & State		City & St	ate			6. Election Campaign Financing		O May Be
Zip	Country	28 Zip		Country		Trust Fund Contribution 8. This corporation has liability for	Adde	d to Fees
24	25	29		30			s □ No	193.002,
	9. Name and Address of Cur	rent Registered Ag	ent	81	Name	10. Name and Address of New	Registered Agent	
11. Pursuant to or registere familiar with SIGNATURE.	TRAL PARK DRIVE FL 34641 The provisions of Sections 607.0 ad agent, or both, in the State of Fig. and accept the obligations of, Separative, sped or profite raise of registrical at	lection 607.0505. Flor	vas aumonzeg ida Statutes	by the corpo	oration's boa	ration submits this statement for the purific of directors. I hereby accept the applicate resisting	FL	p Code egistered office agent. I am
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OF		PRS IN 12
TITLE	D DELETE		DELETE	- 1 1 Tif_6		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	☐ Change	☐ Addition
NAME STREET ADDRESS	EADY, ELLIS L 1305 COUNTRY TRAILS D	NDIV <i>I</i> E		1.2 NAME	•			
CITY-ST-ZIP	SAFETY HARBOR FL 3469			13 STREET 14 CFY - S				
TITLE			DELETE	2 1 TITLE	- 217		☐ Change	Addition
NAME				2.2 NAME			<u>~</u>	
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY - ST - ZIP		<u> </u>		24 C+FY S	Zif'			
DILE			DELETE	3 1 TiTLE			☐ Change	☐ Addition
NAME Storer Appares				3.2 NAME				
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP TITLE			DELETE	3.4 City - Si 4.1 Title	ZIF		☐ Change	Addition
NAME				4.2 NAML			change	L Addition
STREET ADDRESS				4.3 STREET	ADDRESS			
COY-SI-ZIF				4.4 CITY - S1				
TITLE			DELETE	5 1 TiTLE			☐ Change	Addition
NAME				5.2 NAME			~	-
STREET ADDRESS				5.3 STHEET	ADDRESS			
CITY - ST - ZIF				5.4 CitY-S1	ZIP			
TITLE			DELETE	6 1 TI*LF	1		Change	Addition
NAME				6.2 NAME				
CIDCLY ADDROCCO								

14. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 undor oath; that I am an officer or director of the corporation or the receiver or trusted 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Displace Place III.

6.4 Orth - ST, 249

CITY-SI-ZIF

CR2E034 (12/95)