## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

P95000066151 (8)

1. Corporation Name

AUTO LAB, INC.



Principal Place of Business Mailing Address									
2914 N FORYSTH ROAD 2914 N FORYSTH RO WINTER PARK FL 32792 WINTER PARK FL 32									
					3. Date Incorporated or Qualified 08/25/1995	3a. Date	of Last Re	eport	
2. Principal Place of Business 2a. Mailing A			g Address		4. FEI Number			Applied For	
		26			59-3317377	59-3317377 Not Applicate			
Suite, Apt. #, etc		Suite, Apl. #, etc.			5 Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional			
2		27				<u> </u>	Fee	Required	
City & State		City & State			6. Election Campaign Financing	9 <b>\$5.00</b> May Be Added to Fees			
3		28			Trust Fund Contribution				
Ziρ Ti	Country	Zip	Count	ry	8. This corporation has liability for Florida Statutes		x under s	199.032,	
4	25 9. Name and Address of Current	29 Registered Apent	30		10. Name and Address of New I	2005	Agent		
	g, Name and Address of Collens	neglateled Agent	8	1 Name					
DN/ED/	IDENE		L						
RIVERA, IRENE 2914 N FORYSTH ROAD WINTER PARK FL 32792			6	2 Stree	reet Address (P.O. Box Number is Not Acceptable)				
			8	3					
WINTE	R FAME I L 32/82						-т-т-		
			8	4 City		FL	85 Z	p Code	
				erit signatur	erapired when renshring)  ADDITIONS/CHANGES TO OF	DATE FICE'RS AND	DIRECTO	DRS IN 12	
12.	PD	DELETE	13.	E	ADDITIONAL GITANGES TO OF		Change	Addition	
NAME	RIVERA, IRENE		1.2 NAM						
STREET ADDRESS	2914 N FORYSTH ROAD		1.3 STP	ET ADDRES					
CITY - S1 - ZIP	WINTER PARK FL 32792		1.4 CiTs	- SI - ZiP					
TITLE		☐ DELETE	2 1 111	E	TREASURER		Change	Addition	
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STREET ADDRESS			2 3 STR	ET ADDRES	2914 N. FORYETH RI	M.D			
CITY - ST - ZIP			2.4.011	-ST-ZIP	WINTER PARK FL. 3	2797	<u></u>		
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NAME		<del></del>	5 2 NA	<b>1</b> E					
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CITY - ST-ZIP			5 4 CIT	(-51-7.8					
TITLE		DELETE	6 1 111	LE		[	Change	Addit-on	
NAME			6.2 NA						
STREET ADDRESS			63816	EET ADORES	S				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Flor da 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.

SIGNATURE:

exes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407- 657-2886 Bath & Phine #