

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000073587 (4)**

1. Corporation Name

**LAUDERHILL AUTO, INC.**



Principal Place of Business

**1300 S OCEAN BLVD  
SUITE 606  
POMPANO BEACH FL 33478**

Mailing Address

**1300 S OCEAN BLVD  
SUITE 606  
POMPANO BEACH FL 33478**

3. Date Incorporated or Qualified  
**09/22/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **7030 W. Commercial Blvd.**  
Suite, Apt. #, etc.

26 **7030 W. Commercial Blvd.**  
Suite, Apt. #, etc.

4. FEI Number

**65-0627607**

Applied For  
Not Applicable

22 City & State

23 **Lauderhill Florida**

27 City & State

28 **Lauderhill, Florida**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24 Zip

**33319**

25 Country

**Broward**

29 Zip

**33319**

30 Country

**Broward**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BONFIGLIO, CHARLES J  
1300 S OCEAN BLVD  
SUITE 606  
POMPANO BEACH FL 33478**

10. Name and Address of New Registered Agent

81 Name

**Anthony Livoti**

82 Street Address (P.O. Box Number is Not Acceptable)

**805 East Broward Blvd. Suite 200**

83

**Fort Lauderdale, Florida 33301**

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

**Anthony Livoti, Esq.**

Signature of typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/20/96**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BONFIGLIO, CHARLES J**  
STREET ADDRESS **1300 S OCEAN BLVD SUITE 606**  
CITY-ST-ZIP **POMPANO BEACH FL 33478**

TITLE **S** ☐ DELETE  
NAME **Bonfiglio, Jeanette**  
STREET ADDRESS **1300 So. Ocean Blvd. 606**  
CITY-ST-ZIP **Pompano Beach, Fla. 33062**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, P, V, C, M** ☐ Change ☒ Addition  
1.2 NAME **Bonfiglio, Charles J.**  
1.3 STREET ADDRESS **1300 So. Ocean Blvd. Unit 606**  
1.4 CITY-ST-ZIP **Pompano Bch. Fla. 33062**

2.1 TITLE **S** ☐ Change ☒ Addition  
2.2 NAME **Bonfiglio, Jeanette**  
2.3 STREET ADDRESS **1300 So. Ocean Blvd. Unit 606**  
2.4 CITY-ST-ZIP **Pompano Bch, Fla. 33062**

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

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

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

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

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), 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.

SIGNATURE: **Charles J. Bonfiglio** *Charles J. Bonfiglio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/96**

**305-563-0200**

CR2E034 (12/95)