

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076994 (9)

1. Corporation Name

DCO AUTO ONE, INC.



Principal Place of Business

2755 SOUTH FEDERAL HIGHWAY
STUART FL

Mailing Address

2755 SOUTH FEDERAL HIGHWAY
STUART FL

2. Principal Place of Business

21 4313 S. Fed. Hwy.
Suite, Apt. #, etc.

22 City & State

23 Stuart, FLORIDA

24 Zip Country
34997 USA

2a. Mailing Address

26 4313 S. Fed. Hwy.
Suite, Apt. #, etc.

27 City & State

28 STUART, FLORIDA

29 Zip Country
34997 USA

3. Date Incorporated or Qualified

10/06/1995

3a. Date of Last Report

4. FET Number

65-0614139

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

9. Name and Address of Current Registered Agent

CIAFROGNA, LOUIS V
815 SOUTH WASHINGTON AVENUE
TITUSVILLE FL

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 and registered agent and board approval (if applicable) Signature, typed or printed name and registered agent and board approval (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DERITA, THOMAS
STREET ADDRESS 2755 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP STUART FL 32944

TITLE D ☐ DELETE
NAME CIAFROGNA, LOUIS V
STREET ADDRESS 815 S. WASHINGTON AVENUE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☐ DELETE
NAME OSTOSKI, GARY R
STREET ADDRESS 2405 GARDEN STREET
CITY-ST-ZIP TITUSVILLE FL 32796

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 DIRECTOR, PRESIDENT, SCRTY. ☒ Change ☐ Addition
1.2 NAME THOMAS DERITA, JR.
1.3 STREET ADDRESS 4313 S. FEDERAL HIGHWAY
1.4 CITY-ST-ZIP STUART, FLORIDA 34997

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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: THOMAS DERITA, JR. PRESIDENT 2/16/96 (407)286-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)