

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000086009 (4)
1. Corporation Name

AUTO LOA "N" DRIVE, CORP.



Principal Place of Business: 11502 NORTH NEBRASKA AVENUE SUITE 107 TAMPA FL 33612
Mailing Address: 11502 NORTH NEBRASKA AVENUE SUITE 107 TAMPA FL 33612

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc
27. Suite, Apt. #, etc
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

3. Date Incorporated or Qualified: 11/08/1995
3a. Date of Last Report: 11/08/1995
4. FEI Number: [] 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 [x] No

9. Name and Address of Current Registered Agent
FERNANDEZ, CID
8109 RIVER SHORE DRIVE
TAMPA FL 33612

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ DATE: _____
Signature type for principal, officer or registered agent and if applicable (6/96) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT [] DELETE	11 TITLE	[] Change [] Addition
NAME	CID FERNANDEZ	12 NAME	
STREET ADDRESS	8109 RIVER SHORE DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33612	14 CITY - ST - ZIP	
TITLE	VICE-PRESIDENT [] DELETE	21 TITLE	[] Change [] Addition
NAME	LLOYD NELSON	22 NAME	
STREET ADDRESS	13912 LAZY OAK DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33613	24 CITY - ST - ZIP	
TITLE	SECRETARY/TREASURER [] DELETE	31 TITLE	[] Change [] Addition
NAME	JUDY FERNANDEZ	32 NAME	
STREET ADDRESS	8109 RIVER SHORE DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33612	34 CITY - ST - ZIP	
TITLE	[] DELETE	41 TITLE	[] Change [] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	[] DELETE	51 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	[] DELETE	61 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 6/29/96 (813) 631-9219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CID FERNANDEZ, PRESIDENT

CR2E034 (3/96)