

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

FILED
Feb 05, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000086227 (2)**

1. Corporation Name

F.C.I. AUTO TAG AND TITLE SERVICE, INC.



Principal Place of Business

**8280 GRIFFIN RD.
DAVIE FL 33328**

Mailing Address

**8280 GRIFFIN RD.
DAVIE FL 33328**

3. Date Incorporated or Qualified
11/08/1995

3a. Date of Last Report

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number

65-0625355

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

**BOVEE, BARRY F
8280 GRIFFIN RD.
DAVIE FL 33328**

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 607.0509, Florida Statutes.

SIGNATURE

Signature of person performing the filing (not the filer or the filer's agent)

NAME, Registered Agent (not the filer or the filer's agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

7. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☒ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☒ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

7. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

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 registered agent 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (305) 4346510

CR2E034 (12/95)