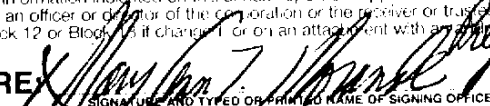


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000086800 (6)			
1. Corporation Name AUTO NEGOTIATORS INC.			
Principal Place of Business 9853 N TAMiami TRAIL, SUITE 224 NAPLES FL 33963		Mailing Address 9853 N TAMiami TRAIL, SUITE 224 NAPLES FL 33963	
2. Principal Place of Business 21 3427 Exchange Ave. Suite, Apt. #, etc. 22 City & State 23 Naples Fla. Zip Country 24 33942 25		2a. Mailing Address 26 3427 Exchange Ave Suite, Apt. #, etc. 27 City & State 28 Naples Fla. Zip Country 29 33942 30	
3. Date Incorporated or Qualified 11/13/1995		3a. Date of Last Report	
4. FEI Number 65-0627815		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 MORANDE, MARY A 9853 N TAMiami TR, SUITE 224 NAPLES FL 33963		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 3427 Exchange Ave.	
83		84 City Naples FL 85 Zip Code 33942	
11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ Signature typed or printed name of officer or director of the corporation. (Do not sign as Agent or Secretary unless authorized by the corporation.)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORANDE, MARY A 9853 N TAMiami TRAIL, SUITE 224 NAPLES FL 33963	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D, President 3427 Exchange Ave Naples Fla. 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	D, VP. Morande, James 3427 Exchange Ave Naples, Fla. 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	Secretary, Directors Kristine A. Morande 5385 4th Ave. S.W. Naples Fla. 33999
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	Treasurer, Directors James Morande III 5385 4th Ave S.W. Naples, Fla. 33999
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	300001882773 -07/03/96--01021--019 ***200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an asterisk.			
SIGNATURE 		DATE 4/28/96 1-941-262-4939	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034 (12/95)