

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
DIVISION OF CORPORATIONS

DOCUMENT # **95000086860**
1. Corporation Name
Auto Negotiators, Inc.

Principal Place of Business
**1240 Airport Rd. S.
Naples, FL 34104**

Mailing Address
Same

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
November 13, 1995

3a. Date of Last Report

4. FEI Number
65-0627815

4. 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
**Mary Ann T. Morande
21 Bluebill Ave # B701
Naples, FL 34108**

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 **Mary Ann T. Morande Pres.** DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

1.2 NAME **S Kristine m. morande**

1.3 STREET ADDRESS **5385 4th Ave SW**

1.4 CITY - ST - ZIP **Naples, FL 33999**

2.1 TITLE ☒ DELETE

2.2 NAME **T James A. Morande III**

2.3 STREET ADDRESS **5385 4th Ave SW**

2.4 CITY - ST - ZIP **Naples, FL 33999**

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE **S**

1.2 NAME **Nicki K. Stump**

1.3 STREET ADDRESS **2400 Hunter Blvd #B**

1.4 CITY - ST - ZIP **Naples, FL 34114**

2.1 TITLE **T**

2.2 NAME **Kerney L. Pinkston**

2.3 STREET ADDRESS **132 Cypress Way E. #7**

2.4 CITY - ST - ZIP **Naples, FL 34110**

3.1 TITLE

3.2 NAME **Michael J. Morande**

3.3 STREET ADDRESS **9771 Spring Ridge Cir**

3.4 CITY - ST - ZIP **Estero, FL 33928**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

800002021718--0
-12/06/96--01014--027
*******61.25 *****61.25**

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 19.07(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 an agent or on an attachment with an address.

SIGNATURE: **Michael J Morande VP** 10/29/96 541 51
Signature typed or printed name of signing officer or director Date Daytime Phone: **941-732-8909**

Amended #61.25
FILED

96 DEC -4 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (3/96)