

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 OCT 10 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086800

1. Corporation Name

Auto Negotiators Inc.

Principal Place of Business

Mailing Address

1240 Airport Rd S.

Same

Naples, FL

34104

3. Date Incorporated or Qualified

3a. Date of Last Report

November 13, 1995

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

James A. Morande Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

21 Bluebill Ave # B701

83

84 City

Naples

FL

85

Zip Code
34108

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

P
NAME Mary Ann T. Morande
STREET ADDRESS 21 Bluebill Ave # B701
CITY-ST-ZIP Naples, FL 34108

TITLE ☒ DELETE

VP
NAME Michael J. Morande
STREET ADDRESS 9771 Spring Ridge Cir
CITY-ST-ZIP Estero, FL 33928

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☒ Addition

P
NAME James A. Morande Jr.
STREET ADDRESS 21 Bluebill Ave # B701
CITY-ST-ZIP Naples, FL 34108

21 TITLE ☐ Change ☒ Addition

V
NAME Nicki Stump
STREET ADDRESS 4017 Ivy Ln
CITY-ST-ZIP Naples, FL 34112

31 TITLE ☐ Change ☐ Addition

5000002320965-8
-10/15/97-01074-002
*****70.00 *****70.00

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE:

Mary Ann T. Morande

Date:

Signature: [Signature]

CR2E034 (9/96)