

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000090992 (5)**

1. Corporation Name

THE ONLINE AUTO LOCATORS, INC.



Principal Place of Business: **2802 SYDNEY ROAD PLANT CITY FL 33567**
Mailing Address: **2802 SYDNEY ROAD PLANT CITY FL 33567**

3. Date Incorporated or Qualified: **11/29/1995**
3a. Date of Last Report: _____
4. FET 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 No

2. Principal Place of Business: 21 _____ 22. Mailing Address: 26 _____
23. City & State: _____ 27. City & State: _____
24. Zip: _____ 25. Country: _____ 28. City & State: _____ 29. Zip: _____ 30. Country: _____

9. Name and Address of Current Registered Agent

**BURTON, STEVEN G
100 SOUTH ASHLEY DRIVE
SUITE 2200
TAMPA FL 33602**

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 607.002 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 *[Signature]* X **STEVEN G. BURTON** X DATE **1-22-96**

12. OFFICERS AND DIRECTORS

1. TITLE: **D** DELETE
NAME: **RASHID, SAM**
STREET ADDRESS: **3621 SUGAR LOAF LANE**
CITY, ST, ZIP: **VALRICO FL 33594-6068**

2. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

3. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

4. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

5. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME: _____
1.3 STREET ADDRESS: **3621 SUGARLOAF LANE**
1.4 CITY, ST, ZIP: _____

2.1 TITLE: Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY, ST, ZIP: _____

3.1 TITLE: Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY, ST, ZIP: _____

4.1 TITLE: Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY, ST, ZIP: _____

5.1 TITLE: Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY, ST, ZIP: _____

6.1 TITLE: Change Addition
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 CITY, ST, ZIP: _____

14. I do hereby certify that the information supplied on 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 supplementary 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, and that I am an officer 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 any other document with an address.

SIGNATURE: *[Signature]* **PRESIDENT S. RASHID** DATE: **1-22-96** 813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

CP2E034 (12/95)