

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

FILED

**Jan 29, 1999 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-29-1999 90009 037 *****150.00

DOCUMENT # P95000090992

Corporation Name
THE ONLINE AUTO LOCATORS, INC.



Principal Place of Business
22 SYDNEY ROAD
PLANT CITY FL 33567

Mailing Address
2802 SYDNEY ROAD
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		27		11/29/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28		59-3437841	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURTON, STEVEN G 100 SOUTH ASHLEY DRIVE SUITE 2200 TAMPA FL 33602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. NAME	1.2 NAME		
2. STREET ADDRESS	1.3 STREET ADDRESS		
3. CITY-ST-ZIP	1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME	2.2 NAME		
3. STREET ADDRESS	2.3 STREET ADDRESS		
4. CITY-ST-ZIP	2.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3. NAME	3.2 NAME		
4. STREET ADDRESS	3.3 STREET ADDRESS		
5. CITY-ST-ZIP	3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4. NAME	4.2 NAME		
5. STREET ADDRESS	4.3 STREET ADDRESS		
6. CITY-ST-ZIP	4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. NAME	5.2 NAME		
6. STREET ADDRESS	5.3 STREET ADDRESS		
7. CITY-ST-ZIP	5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. NAME	6.2 NAME		
7. STREET ADDRESS	6.3 STREET ADDRESS		
8. CITY-ST-ZIP	6.4 CITY-ST-ZIP		

I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sam Rashid DATE: 1-12-99 DAYTIME PHONE #: 813-754-1665

CR2E034 (11/98)