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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000092435 (3)

AUTOMOTIVE DEPOT, INC. Principa: Place of Business Mailing Address 3023 W. HILLSBOROUGH AVENUE 3023 W. HILLSBOROUGH TAMPA FL 33614 US US										
						3. Date Incorporated or Qualified 12/04/1995		Date of Last I /01/1996	Report	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 59-3348746	1	A	Applied For	
Suite, Apt 22	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	0	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
23 Z(0	Country 25	Zip 29	30 Co.	untry	·····	8. This corporation has liability for	_=_	le tax under		
24	9. Name and Address of Cur		30			10. Name and Address of New Re				
RIN	, JAMES			B1	Name					
3023 W. HILLSBOROUGH AVENUE SUITE C TAMPA FL 33614				82 83	Street Add	Address (P.O. Box Number is Not Acceptable)				
				84	City		FI	85 Zip	Code	
office or i agent. La SIGNATURE	to the provisions of Sections 607.4 registered agent, or both, in the Stam familiar with, and accept the of Stam familiar with, and accept the of Stam familiar with and accept the of species.					rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of the ap	or changing opointment a	s registered	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN			
TILLE	D DINII IAAACO	L DELETE						□] Change	Addition	
NAM?	RINI, JAMES 3023 W. HILLSBOROUGH A	A/CAU IC		IAME						
STREET ADDRESS		MEMOE	•		ADORESS					
CHY-ST-ZIP	TAMPA FL	Dryfff		HTY-ST	-ZIP			Channa	T Addition	
Tille		☐ DELETE						Change	Addition	
NAME CLOCKY ADDRESS			221		1000ccc					
STREET ADDRESS				CITY-S	ADDRESS [
CHY-S1-7P*	111 111 11 11 11 11 11 11 11 11 11 11 1	DELETE			1.71			Change	Addition	
NAME			32 N		ł					
STREET ADDRESS					ADDRESS					
City - St - 7iP			3.4 (CITY-S	T-21P					
THLE		DELETE		TLE		11.111	•••	Change	Addition	
NAME.			4. 2 1	NAME						
SURGET ADDRESS			4.3 9	STREET	address					
CHy- \$1-26				CITY-SI	- ZIP					
T-TLF		☐ DELETE	5.1 T	TILE	Ī			Change	Addition	
HAME			5.2 N	MME	1					
STREET ADDRESS			5.3 \$	STREET.	address					
CITY - ST - 7(P)				CITY-SI	r-ZIP					
TIFEE		DELETE	61T	ITLE	Ţ			Change	Addition	
NAME:			6.2 N	IAME	1					
STREET ADDRESS			6.3 \$	STREET	ADDRESS					
CHY- \$1- 70P			6,4 (CITY-SI	r- 2 1P	1				

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; the lam an officer or director of the corporation or the repoliver of trustee empowered to execute this report as repaired 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.

SIGNATURE:

SIGNATURE AND TYPEO OR PRI

FILED

Apr 09 1997 8:00am

Secretary of State

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