

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
CORPORATIONS

1996 8-15-96 B-7804 C

**FILED**  
Aug 15 1996 8:00 am  
Secretary of State

DOCUMENT # **P96000001340 (4)**

1. Corporation Name  
**AUTOMOTIVE CONSULTANTS OF PALM BEACH, INC.**

Principal Place of Business: **126 QUEENS LANE ROYAL PALM BEACH FL 33411**  
Mailing Address: **126 QUEENS LANE ROYAL PALM BEACH FL 33411**



2. Principal Place of Business:  
21 **126 Queens Lane**  
22 State, Apt. # etc.  
23 **Royal Palm Beach**  
24 **33411**  
25 **Palm Beach**  
26 **126 Queens Lane**  
27 State, Apt. # etc.  
28 **Royal Palm Beach**  
29 **33411**  
30 **Palm Beach**

3. Date Incorporated or Qualified: **12/28/1995**  
3a. Date of Last Report:  Annual  1st Report  
4. FEEL Number: **\$8.75 Additional Fee Required**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contributor:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for filing fees under 1995 Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**MUCCI, PAMELA J  
126 QUEENS LANE  
ROYAL PALM BEACH FL 33411**

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 607.0502 and 607.1506, 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. Thereby, I accept the appointment of the registered agent I am filing with and I accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>President - Sec.</b>	<input type="checkbox"/> DELETE
NAME	<b>ALBERT J MUCCI</b>	
STREET ADDRESS	<b>126 QUEENS LANE</b>	
CITY, ST, ZIP	<b>ROYAL PALM BEACH, FL 33411</b>	
TITLE	<b>VP.</b>	<input type="checkbox"/> DELETE
NAME	<b>PAMELA J. MUCCI</b>	
STREET ADDRESS	<b>126 QUEENS LANE</b>	
CITY, ST, ZIP	<b>ROYAL PALM BEACH FL 33411</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> ADD
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> ADD
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> ADD
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> ADD
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> ADD
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> ADD
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 119.07(3)(b), Florida Statutes. I further certify that the information and data on this annual report or supplemental annual report is true and accurate and that my signature shall have the same as if the filing was made under oath. That I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as provided by Chapter 12, Florida Statutes, and that my name appears in ES - 12 or Book 12, if changed, or on an attachment with an address.

SIGNATURE: **Albert J. Mucci** President **ALBERT J. MUCCI** 7-15-96 407-783-9047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)