FILED FILE NOW: FILING FEE AFTER MAY 1ST IS S 50.00 **PROFIT** May 11 1998 8:00am ELORIDA DEPARTME OF STATE **CORPORATION** Sandra B. Mo **ANNUAL REPORT** Secretary of State Secretary of \$ DIVISION OF CORP **19**98 RATIONS DOCUMENT # 1. Corporation Name P96000023615 (3) AUTO VOGUE, INC. Principal Place of Business Mailing Address 473\$ PENNY LANE 4735 PENNY LANE LAKE WORTH FL 33461 LAKE WORTH FL 33461 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1996 20. Mailing Address 26. 582-AS. Dixieltwy 2. Principal Place of Busin Applied For 65-0651043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be **PULLATION** Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Current Registered Agent JAHN**er**-Rae, Johanna ANN AHOL 4735 PENNY LANE 82 LAKE WORTH FL 33461 83 84 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. JAHNER-RAE ANNAHOL **SIGNATURE** ired when rivin lating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. SAME DELETE Addition TITLE 1.1 TITLE Change 925 NORTH J S+ #1 RAE, CHRISTOPHER M NAME 1.2 NAME 4735 PENNY LANE 33460 Addition STREET ADDRESS 1.3 STREET ADDRESS LAKE WORT LAKE WORTH FL 33461 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE SAME TITLE 2.1 TITLE JAHNER-RAE, JOHANNA NAME 2.2 NAME 9 AS NORTH 57 #-1 4735 PENNY LANE STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL 33461 LAKE WOK CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DILLETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City-St-7IP DELETE Change Addition TITLE 4.1 THLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - 7IP DELETE TITLE ☐ Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 suppliemental 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.

CITY-ST-ZIP