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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT **JF** STATE

Sandra B. Mor

Secretary of St

DIVISION OF CORPO CHONS

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AUTOMOBILE RESOURCES, INC.

Principal Place of Business Mailing Address 886 S. DILLARD STREET 686 S. DILLARD STREET WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3366433 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Z_{iD} 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUNDBERG, ROBERT L 886 S. DILLARD STREET 82 Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL 34787 83 City Zip Code 85 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. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTI Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE LUNDBERG, ROBERT L NAME 1.2 NAME CR2E034 886 S. DILLARD STREET STREET ADDRESS 1.3 STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 THUE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2NAMÉ NAME 5.3 FTREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP DELETE TLE Change Addition TITLE AME

TREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation of the receiver or trustee employered to execu Block 12 or Block 13 if changes, or an adattachment with an address

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in 4/14/98

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FILED

Apr 20 1998 8:00am

Secretary of State