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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P96000062480	(4)

1. Corneration Name LOW COST AUTO, INC. Principal Place of Business Mailing Address 6681 49TH ST N 6681 49TH ST N PINELLAS PARK FL 33781-5728 PINELLAS PARK FL 33781 3. Date Incorporated or Qualified 3a. Date of Last Report 07/19/1996 2. Principal Place of Business 28. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Ζip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALPRIN, LAURA A 6681 49TH ST N 82 Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 33781 63 84 City Zip Code 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 blie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE Change Addition TITLE HALPRIN, LAURA A 1.2 NAME 6681 49TH ST N 13 STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 1.4 CITY-ST-ZIP CITY ST-ZIF DELETE Change Addition THE 2.1 TITLE 2.2 NAME NAME 2:3 STREET ADDRESS STREET ADORESS 2. 4 CITY-ST-ZIP CITY - ST-ZIP DELETE Change Addition 3.1 TITLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST 34. CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 5.1 TIFLE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition $\mathsf{III}\mathsf{U}\mathsf{E}$ 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE: SIGNATURE NO FAME OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR HELDER

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; 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

813-521-4669

FILED

May 16 1997 8:00am

Secretary of State

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