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**Mar 10 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000063188 (2)**

1. Corporation Name  
**UNIVERSITY AUTOMOTIVE, INC.**



Principal Place of Business  
**1569 INDIANA AVE  
WINTER PARK FL 32789**

Mailing Address  
**1569 INDIANA AVE  
WINTER PARK FL 32769-5442**

3. Date Incorporated or Qualified **07/24/1996** 3a. Date of Last Report

2. Principal Place of Business

21 **6450 University Blvd**

Suite, Apt #, etc

22 **Winter Park**

City & State

24 **32792** 25 **ORANGE**

Zip

Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 **Winter Park**

City & State

29 **32792** 30 **ORANGE**

Zip

Country

4. FEI Number **59-3389869** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**LYON, MICHAEL R  
1569 INDIANA AVE  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 *Michael R Lyon* **MICHAEL R LYON (PRES)** 3-5-97  
Signature (Type or printed name of registered agent) and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LYON, MICHAEL R	
STREET ADDRESS	1569 INDIANA AVE	
CITY - ST - ZIP	WINTER PARK FL 32789	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LYON, NANNETTE M	
STREET ADDRESS	1569 INDIANA AVE	
CITY - ST - ZIP	WINTER PARK FL 32789	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	RICH, RANDALL P	
STREET ADDRESS	2106 VIRGINIA DR	
CITY - ST - ZIP	ORLANDO FL 32803	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RICH, NANCY L	
STREET ADDRESS	2106 VIRGINIA DR	
CITY - ST - ZIP	ORLANDO FL 32803	
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

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYON, MICHAEL R	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LYON, NANNETTE M	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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.

SIGNATURE: *Michael R Lyon* **MICHAEL R LYON** 3-5-97 407-679-2792  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)