

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000065106 (2)

1. Corporation Name  
AUTO STUDIO, INC.

Principal Place of Business  
8902 NW 2ND ST.  
CORAL SPRINGS FL 33071

Mailing Address  
8902 NW 2ND ST.  
CORAL SPRINGS FL 33071-7407

2. Principal Place of Business

21 4600 N. POWERLINE ROAD

Suite, Apt. #, etc.

22 City & State

23 POMPANO BEACH FL

24 Zip

33064

Country

25 U.S.A.

2a. Mailing Address

26 4600 N. POWERLINE ROAD

Suite, Apt. #, etc.

27 City & State

28 POMPANO BEACH FL

29 Zip

33064

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

STRIDE, ADRIAN  
8902 NW 2ND ST.  
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

08/02/1996

3a. Date of Last Report

4. FEI Number

650689401

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

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 607.0501, Florida Statutes.

SIGNATURE

Signature, typed & printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ADRIAN STRIDE - PRESIDENT 4/29/97

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME STRIDE, ADRIAN  
STREET ADDRESS 8902 NW 2ND ST.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE DV ☐ DELETE

NAME STRIDE, WILFRID  
STREET ADDRESS 8902 NW 2ND ST.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 ADRIAN STRIDE 4/29/97 951197 951197

FILED  
97 JUL -1 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)