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Mar 19 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 # P96000065565 (9) 1. Corporation Name AUTO FANTASIES, INC.			
Principal Place of Business 1123 TRELLIS AVE HOMOSASSA FL 34448		Mailing Address 1123 TRELLIS AVE HOMOSASSA FL 34448	
2. Principal Place of Business 21 [Redacted] Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 [Redacted] 25 [Redacted]		2a. Mailing Address 26 [Redacted] Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 [Redacted] 30 [Redacted]	
9. Name and Address of Current Registered Agent GOLSNER, FREDERICK R 21015 SW 87TH PL DUNNELLO FL 34431		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 607.0302 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: <u>Frederick R. Golsner</u> 3/12/97 Signature, typed or printed name of registered agent and location of applicable (B.O.C. Registered Agent signature required when furnishing)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP D HEATER, LAWRENCE J JR 1123 TRELLIS AVE HOMOSASSA FL 34448 D BROWN, ROYAL J 8740 E LARIAN CT INVERNESS FL 34452 D SOLOMON, BARBARA 1490 N TORO DR INVERNESS FL 34453 [Redacted] [Redacted] [Redacted]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Frederick R. Golsner 21015 S.W. 87th Pl Dunneillon FL 34431 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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: Frederick R. Golsner Frederick R. Golsner 3/12/97 352 465 1423

CR2E034 (9/96)