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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000074853

AUTO-MONEY, INC.

,	
Principal Place of Business	Mailing Address
13312 W COLONIAL DR SUITE 1 WINTER GARDEN FL 34787 US	13312 W COLONIAL DR SUITE 1 WINTER GARDEN FL 34787 US

FILED Feb 09, 1999 8:00 am Secretary of State

02-09-1999 90021 036 ***150.00



Principal Place of Business Mailing Address		\neg		,					
SUITE 1 SUITE 1		13312 W COLONIAL DR SUITE 1 WINTER GARDEN FL 34787	1		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				
	ļ				09/10/1996				
2	Principal Place of Business	2a. Mailing Address	ı		4. FEI Number Applied For				
21		26			59-3401439 Not Applicable				
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired				
23	City & State City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
24	Zip Country	Zip Cou 29 30	intry		8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Current Registered Agent				, 10. Name and Address of New Registered Agent					
	F&L CORP.		81	Name	· · · · · · · · · · · · · · · · · · ·				
THE GREENLEAF BUILDING		82	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 of light of the purpose of changing its 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		; ;				
:	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	tegistered Agent signature rec	quired when reinstating)	DATE		•
12.	OFFICERS AND DIRECTORS	13. _i	ADDITIONS/CHANGES	TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE .	PS □ DELETE	1.1 TITLE !	5200040		Change	☐ Addition
NAME STREET ADDRESS	DILLARD, BEN H. III	1.2 NAME		and the co		,
STREET ADDRESS	11947 LK BUTLER BV	1.3 STREET ADDRESS		7.		
CITY ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP		101		
MAME STREET ADDRESS 14 P. CITY ST-ZIP	C DELETE	2.1 TITLE	•		☐ Change	☐ Addition
NAME	DILLARD, BEN JR	2.2 NAME				
STREET ADDRESS	3735 MCKINNON RD	2.3 STREET ADDRESS				
CITY ST-ZIP	WINDERMERE FL 34786	2.4 CITY-ST-ZIP			1	
NAME	n I DELETE ☐ DELETE	3.1 TITLE		• "	☐ Change	Addition
1. The 1. 1999 I	DILLARD, LAURIE	3.2 NAME				
STREET ADDRESS	3735 MCKINNON RD	3.3 STREET ADDRESS	3.41177.5			888 C 91
CITY-ST-ZIP	WINDERMERE FL 34786	3.4. CITY-ST-ZIP				
TITLE	☐ DELETÉ	4.1 TITLE	i i i i i i i i i i i i i i i i i i i		· Change	Addition
NAME		4.2 NAMÉ				
STREET ADDRESS		4.3 STREET ADDRESS				·
CITY-ST-ZIP		4.4 C/TY-ST-ZIP	<u> </u>			
TITLE	☐ DELÉTE	5.1 TITLE		1	Change	☐ Addition
NAME	•	5.2 NAME	有可能服务			• .
STREET ADDRESS	Fig.	5.3 STREET ADDRESS	North Control			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	J-1199 (419)			
JILE .	DELETE	6.1 TITLE	,		☐ Change	☐ Addition
NAME		6.2 NAME		***		ļ
STREET ADDRESS		6.3 STREET ADDRESS				ĺ
CNY ST-ZIP		6.4 CITY-ŞT-ZIP		<u> </u>	-	

I 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 afficier 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