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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084252 (1)

AUTOWORLD INTERNATIONAL, INC.

Principal Place of Business	Mailing Address	••		
2351 KINGS POINT DRIVE	2351 KINGS POINT DRIVE			
LARGO FL 33774	LARGO FL 33774-1009			

FILED Apr 28 1997 8:00am Secretary of State



LARGO FL 33774		LARGO FL 33774-1009					•
					3. Date Incorporated or Qualified 10/09/1996	3a. Date of L	ast Report
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
21		26 P.O. BOX 2.	26 P. D. Box 2583		59-3437968		Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional		
22		27			C. Oblinicato di biblica Beblica	F	ee Required
City & State			City & State		6. Election Campaign Financing		
23					Trust Fund Contribution		
Zip	Country	Zp 22-20'	Countr	y	8. This corporation has liability for		ider s. 199.032,
24	[25] 9. Name and Address of Cu	29 33777	30		Florida Statutes 10. Name and Address of New Re	Yes No	
MATTH		Helit Hogisteleti Ağelit	81	Name	IV. Hamb and Address of Now He	gistored Ageint	
MATTHIESSEN, PETER 2351 KINGS POINT DRIVE				· · · · · · · · · · · · · · · · · · ·			
LARGO FL 33774			82	Street A	Idress (P.O. Box Number is Not Acceptable)		
Dange	7 FE 30114		83				
			84	City		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607	0502 and 607 1508 Florida Statu	les the abov	re-named r	corporation submits this statement for the p		ping its registered
office or reg	gistered agent, or both, in the S	tate of Florida. Such change was	authorized b	y the corp	oration's board of directors. I hereby acce	ot the appointme	ent as registered
-	namiliar with, and accept the o	bigations of, Section 607.0505, Fi	ionda statute	8.			
SIGNATURE	gnature, typed or printed name of registero	d agoni and title d applicable (NO	II : Registered Ap	ent signature	required when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRE	CTORS IN 12
TITLE		DELETE	1.1 1/TLE		P	Cr	nange 🗗 Addition
NAME			1.2 NAME		PATER MATTHIBECON		
STREET ADDRESS			1.3 STREE	T ADDRESS	2351 KINGS POINT DR.		
CITY-ST-ZIP			1.4 CITY-	\$T - ZIP	Perer Mattherson 2351 Kings Point Dr. Largo, Fl 33774		
TITLE		☐ DELETE	2.1 THLE			□ cı	nange 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY -	ST - ZIP		·	
TITLE		☐ DELETE	3.1 TITLE			☐ CI	nange L Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 \$1REC	T ADDRESS			
CITY-ST-ZIP			3 4. CITY-	S1 - Z(P			
TITLE		☐ DELETE	4.1 TITLE			☐ Ct	nange 📙 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 \$1REE	1 ADDRESS			
CITY-ST-ZIP		D Severe	4.4 CITY-	ST-ZiP			
TITLE		L] DELETE	5.1 TITLE			u	nange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		T DELETE	5.4 CITY-	ST - ZiP			Addition
TITLE		DELETE	61 TITLE	ļ		Ct	nange L Addition
NAME			6.2 NAME	3			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	certify that the information ever	inlind with this filing does not qual	6.4 City-		ated in Section 119.07(3)(i). Florida Statute	s I further cedif	v that the

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 eath; 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 12 or Block 12 or Block 12 or Block 13 or on an attachment with an address.

PETER MATTHERCEN

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