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Jun 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000086247 (9)

Corporation Name
AUTOBANC GROUP USA, INC.



Principal Place of Business

Mailing Address

~~SUITE 104 - THE ATLANTIC BLDG.~~
~~8781 PERIMETER PARK BLVD.~~
JACKSONVILLE FL 32216

~~SUITE 104 - THE ATLANTIC BLDG.~~
~~8781 PERIMETER PARK BLVD.~~
JACKSONVILLE FL 32216-1106

2. Principal Place of Business

2a. Mailing Address

21 SUITE 201

26 Same as 21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 103 CENTURY 21 DRIVE

27 City & State

23 JACKSONVILLE FL

28 City & State

24 32216

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/15/1996

3a. Date of Last Report

4. FFA Number

59-3405599

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

MULVHILL, PADRAIC EON

~~SUITE 104 - THE ATLANTIC BLDG.~~

~~8781 PERIMETER PARK BLVD.~~

JACKSONVILLE FL 32216

201 Suite
103 CENTURY 21 DRIVE

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD JOHNSON, JAMES R
~~8781 PERIMETER PARK BLVD., SUITE 104~~
JACKSONVILLE FL 32216

TITLE NAME STREET ADDRESS CITY-ST-ZIP

80 MULVHILL, PADRAIC EON
~~8781 PERIMETER PARK BLVD., SUITE 104~~
JACKSONVILLE FL 32216

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD SMITH, PATRICIA D
~~8781 PERIMETER PARK BLVD., SUITE 104~~
JACKSONVILLE FL 32216

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

103 CENTURY 21 DRIVE - #201

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

103 CENTURY 21 DRIVE - #201

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

103 CENTURY 21 DRIVE - #201

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

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***495.00

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

Padraic Eon Mulvhill

SECRETARY 28 APR 97

CR2E034 (9/96)