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Jun 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra R. Northon  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 960000 88839

1. Corporation Name

AUTO FACTS CONSULTING GROUP INC.  
1440 CORAL RIDGE DR STE 325  
CORAL SPRINGS, FL 33071

Principal Place of Business

1440 CORAL RIDGE DR  
CORAL SPRINGS, FL 33071

Mailing Address

1440 CORAL RIDGE DR STE 325  
CORAL SPRINGS, FL 33071

2. Principal Place of Business

2a. Mailing Address

2b. Suite, Apt. #, etc.

2c. Suite, Apt. #, etc.

2d. City & State

2e. City & State

2f. County

2g. County

3. Name and Address of Current Registered Agent

BENNETT FRUMER  
11265 SW 15TH STREET  
CORAL SPRINGS, FL 33071

3a. Date Incorporated or Qualified

10/29/96

3b. Date of Last Report

4. FEI Number

65-0709578

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

7. This corporation has liability for contributions for election purposes under the 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 607.1501, 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

Bennett J. Frumer

5/25/97

Signature of person or persons authorized to file this statement with the Secretary of State

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PID  
BENNETT FRUMER  
STREET ADDRESS 11265 SW 15TH AVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ DELETE

NAME VS  
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

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 report is not qualified 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath: the 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 affidavit with an address.

SIGNATURE:

Bennett J. Frumer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

Daytime Phone #