

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # P96000097652 (7)

1. Corporation Name

AUTO EXPRESSIONS, INC



Principal Place of Business

6410 KANNER HIGHWAY
STUART FL 34997

Mailing Address

6410 KANNER HIGHWAY
STUART FL 34997-6331

3. Date Incorporated or Qualified

12/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 2397 SE DEXE HWY
Suite, Apt. #, etc.

2a. Mailing Address

26 2397 SE DEXE HWY
Suite, Apt. #, etc.

4. FEI Number

65-0714657

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

9. Name and Address of Current Registered Agent

SMITH, DAVID
6410 KANNER HIGHWAY
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

DAVID SMITH

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

2397 SE DEXE HWY

83

84 City

STUART

FL

85 Zip Code

34996

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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	PRESIDENT	<input type="checkbox"/> DELETE
NAME	DAVID SMITH	
STREET ADDRESS	MEMORCA	
CITY-ST-ZIP	PORT ST LUCIE, FL	
TITLE	JAMES CLARK VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	JAMES CLARK	
STREET ADDRESS	10940 SE GOMEZ AVE	
CITY-ST-ZIP	HOLBE SOUND, FL 33455	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	KELLY M. ROGAN	
STREET ADDRESS	1845 SW LOCKS RD	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

4/30/97

Date

Daytime Phone • 0010203

CR2E034 (9/96)