

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000101732 (1)

1. Corporation Name  
OHANNES AUTO, INC.



Principal Place of Business

8415 N ARMENIA AVE  
APT 238  
TAMPA FL 33604

Mailing Address

8415 N ARMENIA AVE  
APT 238  
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 8512 N. Florida Ave  
Suite, Apt. #, etc.  
22  
2a. Mailing Address  
26 8512 N. Florida Ave  
Suite, Apt. #, etc.  
27

4. FEI Number 59-3429549  
Applied For  
Not Applicable

City & State  
23 Tampa Florida  
Zip Country  
24 33604 25  
City & State  
28 Tampa Florida  
Zip Country  
29 33604 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

City & State  
23 Tampa Florida  
Zip Country  
24 33604 25

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

City & State  
23 Tampa Florida  
Zip Country  
24 33604 25

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
OHANNES, MARY S  
8415 N ARMENIA AVE  
APT 238  
TAMPA FL 33604

10. Name and Address of New Registered Agent  
81 Name OHANNES, MARY S  
82 Street Address (P.O. Box Number Is Not Acceptable) 8512 N. Florida Ave  
83  
84 City Tampa FL 85 Zip Code 33604

City & State  
23 Tampa Florida  
Zip Country  
24 33604 25

81 Name OHANNES, MARY S  
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81 Name OHANNES, MARY S  
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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 Mary Ohannes  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

81 Name OHANNES, MARY S  
82 Street Address (P.O. Box Number Is Not Acceptable) 8512 N. Florida Ave  
83  
84 City Tampa FL 85 Zip Code 33604

12. OFFICERS AND DIRECTORS  
TITLE P  
NAME OHANNES, MARY S  
STREET ADDRESS 8415 N ARMENIA AVE, #238  
CITY-ST-ZIP TAMPA FL 33604

81 Name OHANNES, MARY S  
82 Street Address (P.O. Box Number Is Not Acceptable) 8512 N. Florida Ave  
83  
84 City Tampa FL 85 Zip Code 33604

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P  
1.2 NAME OHANNES, MARY S.  
1.3 STREET ADDRESS 8512 N. Florida Ave  
1.4 CITY-ST-ZIP Tampa FL 33604

1.1 TITLE P  
1.2 NAME OHANNES, MARY S.  
1.3 STREET ADDRESS 8512 N. Florida Ave  
1.4 CITY-ST-ZIP Tampa FL 33604

2.1 TITLE  
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13.1 TITLE  
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13.4 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: Mary Ohannes  
8/19/97 (813) 915-8037

CR2E034 (4/97)