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

PROFIT
 CORPORATION
 ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042717 (3)

AFFORDABLE AUTOS, INC. Mailing Address Principal Place of Business 770 BIG TREE DRIVE 770 BIG TREE DRIVE BAY NUMBER 104 **BAY NUMBER 104** DO NOT WRITE IN THIS SPACE LONGWOOD FL 32750 LONGWOOD FL 32750 3. Date Incorporated or Qualified 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 2mCountry This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No Zip Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOTTON, DAVID G 770 BIG TREE DRIVE Street Address (P.O. Box Number is Not Acceptable) **BAY NUMBER 104** вз LONGWOOD FL 32750 Zip Code City 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. I am amiliar him strategy of the obligations of, Section 607,0505, Florida Statutes. 6 WOTTON, PACSIDENT REGISTERS ASSIST **SIGNATURE** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change Addition 1.1 TITLE TITLE WOTTON, DAVID G 1.2 NAME NAME 770 BIG TREE DR, BAY #104 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP ___ Addition Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-S1-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 algorithm with an addless.

24 1/48

11 - 140 110

FILED

Apr 23 1998 8:00am

Secretary of State