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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000085395 (6)

**DEALER AUTOMATION, INC.** 

Directed Bloo	I D.	Madina Address				
Principal Place of Business Mailing Address  AND MAILINE TO COMMITTEE TO SHALL BRIDE			Bu æ			
1310 W. COLONIAL DRIVE ORLANDO FL 32904		1310 W. COLONIAL DRIVE ORLANDO FL 32804				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
9 Principa(D	tions of Dusiness	2a, Mailing Address			<b>09/26/1997 4.</b> FEI Number	Applied For
				59-3471259	Not Applicable	
		Suite, Apt. #, etc.				\$8.75 Additional
22 Ste. 11 27		Ste. 1	Ste. 11		5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 Мау Ве
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the o	
24	25 25 Name and Address of Curre	29	30		Personal Property Tax due June 30.  10. Name and Address of New Registers	
WOODS, KENNETH R 1310 W. COLONIAL DRIVE						
ORLANDO FL 32804			62	Street Add	ress (P.O. Box Number is Not Acceptable)	
ONDANDO LE 02004			83			
			84	City		85 Zip Code
				·	F	
l office or r	registered agent or both, in the Stat	te of Florida. Such change w	as authorized bi	v the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered population
agent la	m familiar with, and accept the obli	igations of Section 607.0505	, Florida Statute	S.		.
SIGNATURE	Signature, lyped or printed name of registered a	ods, Officer	NOTE Registered Ag	and a south so to to	PMT6	20-98
12.		ND DIRECTORS	13.	cit signature reco	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	T		Change Addition
NAME	WOODS, KENNETH R		1.2 NAME			
STREET ADDRESS	5019 FERNCREST DRIVE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CiTY - S	ST - ZIP		
TITLE	DELETE 2		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE			1
CITY-ST-ZIP			2. 4 CHY- 3.1 TITLE	ST - ZIP		Change Addition
TITLE NAME		varie	3.1 THEE 3.2 NAME			Unange radiituii
STREET ADDRESS			3.2 NAME	ADDRESS		
CITY-ST-ZIP	*		3.4. CITY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 SYREE			
CITY-ST-ZIP		T breeze	5.4 City - 9	ST-ZIP		Change Addition
TITLE		DELET <b>e</b>	6.1 T(TLE			Change

6.2 NAME

6.4 CITY - ST - ZIP

14. I 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 supplymental 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 of 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, of on an attackthent with a faddress.

**FILED** 

Jan 28 1998 8:00am

Secretary of State