

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S04984** (8)

1. Corporation Name  
**AUTO-PICK CORPORATION**

Principal Place of Business

**990 NANDINO BLVD  
LEXINGTON KY 40511  
US**

Mailing Address

**990 NANDINO BLVD  
LEXINGTON KY 40511-1205  
US**



3. Date Incorporated or Qualified <b>10/10/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0336356</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>115 Vista Blvd</b>	2a. Mailing Address <b>115 Vista Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Arden, North Carolina</b>	City & State <b>Arden, North Carolina</b>
Zip <b>28704</b>	Zip <b>28704</b>
Country <b>USA</b>	Country <b>USA</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PPAFFENBERGER, W J 631 US HWY ONE SUITE 410 NORTH PALM BEACH FL 33408</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STINGEL, FREDERICK JOHN</b>		1.2 NAME	
STREET ADDRESS <b>990 NANDINO BLVD</b>		1.3 STREET ADDRESS	<b>8 Cedar Chine</b>
CITY-ST-ZIP <b>LEXINGTON KY</b>		1.4 CITY-ST-ZIP	<b>Asheville North Carolina 28803</b>
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STINGEL, JANET S.</b>		2.2 NAME	
STREET ADDRESS <b>990 NANDINO BLVD</b>		2.3 STREET ADDRESS	<b>8 Cedar Chine</b>
CITY-ST-ZIP <b>LEXINGTON KY</b>		2.4 CITY-ST-ZIP	<b>Asheville, North Carolina 28803</b>
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>John Stingel</b>		3.2 NAME	
STREET ADDRESS <b>14 Bent Oak Lane</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Asheville, North Carolina 28803</b>		3.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Jeff Stingel</b>		4.2 NAME	
STREET ADDRESS <b>115 Vista Blvd.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>Arden, North Carolina 28803</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  4/24/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)