ANNUAL REPORT Secretar DIVISION OF CO. DOCUMENT # \$26145 (0)		FLORIDA DS BART Sandra B Secretary DIVISION OF CO	Mortham of State		
. Corporation Name AUTO CHANNEL, INC.					
7.010					
rincipal Place ol	f Business	Mailing Address		I INSTITUTE THE STATE OF A SECOND	
14375 MYERLA		14375 MYERLAKE CIRCL CLEARWATER FL 34620	E		
CLEARWATER	FL 34020			3. Date Incorporated or Qualified	3a. Date of Last Report 04/26/1995
		La Mai no Addays		01/14/1991 4. F£I Number	Applied For
. Principal Plac	e of Business	2a. Mailing Address 26		59-3052470	Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
		28	Country	Trust Fund Contribution 8. This corporation has liability for in	stangible tax under s. 199.032,
Zip	Country 25	Ζιρ 29	30	Florida Statutes Yes 10. Name and Address of New Re	□ No
	9. Name and Address of Curre	nt Registered Agent	81 Name	TO. Teams and Access	
. 1. Pursuant to or registere	o the provisions of Sections 607 050 ad agent, or both, in the State of Flo	02 and 607,1508, Florida Statute inda. Such change was authorize	84 City us, the above named corporation's hoc	oration submits this statement for the pur aid of directors. Thereby accept the appo	pose of changing its registered officient high annual control of the control of t
ramiliar will	n, and accept the obligation of the	.,,	FE Faginger Apoll squable requi		DATE
	Signature, types or protest called fregistered aut OFHICERS A	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
12. Tiluf	D	☐ DELFTE	1 111111		Change Addition
NAME	ARNOLD, STUART W. 14375 MYERLAKE CIRCLE		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	CLEARWATER FL		14 CITY ST-ZIP		Change Addition
CITY - ST - ZIP TITLE		☐ DELETE	2 1 1/115		☐ Change ☐ Addition
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CHY - \$1 - ZIF		T Own D Address
CITY-ST-ZIP TITLE		DELETE	3 1 TiTLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET AUDRESS		
CITY-ST-Z:P TITLE		☐ DELETE	4 1 BlvE		Change Addition
NAME			4.2 NAME	6000018	53206
STREET ADDRESS			4.3 STREET ADDRESS	60000185 -06/06/96011	034005
CITY - ST - ZIP		DELETE	44 Cit v - S1 - ZiP 5 - 1 Till F	***1800.00	☐ Change ☐ Additio
TITLE			5.2 NAME		
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP		E DESCRI	5.4 C(E) - ST Z(P	- 14 V	Change Addition
TITLE		☐ DELETE	6 1 T TLF 1 6 2 NAME		$\sim \sqrt{\omega} \alpha$
NAME			6.3 STHEET ADDRESS		2/1/
STREET ADDRESS					

6.4 C-TY - ST - 7'F'

SIGNATURE: _

SIGNATURE AND TYPED OF PRIMED HAME OF SIGNING OFFICER OR

14. I do hereby certly that the information suiched well this fing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual apport 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 their opporation or the present or business prowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or at attantiment with an address 8/35305000

4/12/96