FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # S53884

(0)

	OL'S AUTO BROKERS OF	CENTRAL FLORIDA, IN	C.		
Principal Place of Business		<u> </u>			
7430 S FLORIDA AVE FLORAL CITY FL 34436		7430 S FLORIDA AVE FLORAL CITY FL 34436			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pis	ace of Business	2a. Mailing Address		05/21/1991 4. FEI Number	04/12/1995
21	ade of Edamesa	26		59-3064021	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	TIME V		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	Crty & State		6. Election Campaign Financing	\$5.00 May Be
23		28	7	Trust Fund Contribution	Added to Fees
Zip	Country	Z _I p	Country	8. This corporation has liability for	intangible tax under s 199.032,
24	9. Name and Address of Cur	rent Registered Agent	30		No.
		The state of the s	81 Name	10. Name and Address of New F	registered Agent
NICHOL	L, RODNEY A.				
	FLORIDA AVE		82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)
	L CITY FL 34436		83		
			24 6		
			84 City		FL 85 Zip Code
SIGNATURE	in, and accept the obligations of, Si	ection bur.usus, Fiorida Statutes.		ration submits this statement for the purid of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
12.	Signature, typed or printed name of registered as	yort and title inapplicasie (NOTI AND DIRECTORS	Hagistered Agent signature require		Date
TILE	D OFFICERS /	DELETE	13.	ADDITIONS/CHANGES TO OFF	
NAME	NICHOL, RODNEY A		1.2 NAME		Change Addition
STREET ADDRESS	7430 S FLORIDA AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	FLORAL CITY FL		1.4 CITY - ST - ZIP		
TITLE		DELFTE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CHY+ST-ZIP			2 4 CITY - ST - ZIF		ĺ
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME:			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY - ST - ZIP TITLE		DELETE	3.4 CITY-\$1-2iP		
NAME			4 1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS					
CITY-S1-ZIP			4.3 STREET ADDRESS 4.4 CIEY - ST - ZIP		
TITLE		DEFEIE	5 1 THUE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - 71P			5.4 Orly-St. ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY - ST - Z.P			64 CHY-S1-7/P		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/94 352/726-7172

CR2E034 (12/95)