FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S54566** **(2)**

1. Corporation Name

FLORIDA AUTOMOTIVE SPECIALIST TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
4236 SW 35TH TER GAINESVILLE FL 32608	4236 SW 35TH TER GAINESVILLE FL 32608

3. Date Incorporated or Qualified: **05/20/1991**

3a. Date of Last Report: **04/13/1995**

4. FEI Number: **59-3074200** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

VENDUR, GARY
4236 SW 35TH TER
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.1502, 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. The 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	VENDUR, GARY		1 NAME	
STREET ADDRESS	6518 SW 52ND AVE		1 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		1 CITY-ST-ZIP	
TITLE		☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			2 STREET ADDRESS	
CITY-ST-ZIP			2 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, and any attached additional pages, 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 above, or on an attached additional sheet, if applicable.

SIGNATURE: _____ 4/16/96 (352) 336-5853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number