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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S54963

(1)

AUTO CRITIC OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address 1310 W. COLONIAL 1310 W. COLONIAL SHITE 15 ORLANDO FL 32804 ORLANDO FL 32804-7135 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1991 <u>04/24/1996</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3068136 Not Applicable Suite Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALBERSTADT, JOEL 11503 LAKE BUTLER BLVD Street Address (P.O. Box Number is Not Acceptable) 83 WINDERMERE FL 34786 84 Zip Code 11. Fursuant 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 rainstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DP DELETE TIBLE 1.1 TIRE Change Addition HALBERSTADT, JOEL NAME 1.2 NAME 11503 LAKE BUTLER BLVD. STREET ADDRESS 1.3 STREET ADDRESS WINDERMERE FL CHY-ST-ZIP 1.4 CITY-ST-ZIP ItTLE DELETE 2.1 TITLE Change Addilion HALBERSTADT, WRENDA NAME 22 NAME 11503 LAKE BUTLER BLVD. STREET ADDRESS 2.3 STREET ADDRESS WINDERMERE FL CHY-Si - 21P 2. 4 CITY - ST - ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY STIZIP 4.4 City-St-ZIP TITLE □ DELETE 5.1 TITLE Change Addition NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City+SI-7IP 5.4 CITY-ST-7IP THEE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS** 

14. If do hereby certify that the information supplied with this fifing 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

6.4 CITY-ST-7IP

SIGNATURE:

FILED

May 16 1997 8:00am

Secretary of State