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 # S74808 (4)

1. Corporation Name
USAUTO EXCHANGE, INC.

Principal Place of Business
9743 W. HILLSBOROUGH
TAMPA FL 33615
US

Mailing Address
9743 W. HILLSBOROUGH AVE.
TAMPA FL 33615
US

2. Principal Place of Business
21 4623 Land O'Lakes Blvd.
Suite, Apt. #, etc.
22
City & State
23 Land O'Lakes FL
Zip
24 34639
Country
25 USA

2a. Mailing Address
26 4623 Land O'Lakes Blvd.
Suite, Apt. #, etc.
27
City & State
28 Land O'Lakes FL
Zip
29 34639
Country
30 USA

3. Date Incorporated or Qualified: 04/17/1992
3a. Date of Last Report: 04/25/1995
4. FEI Number: 65-0328644 ☐ 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

9. Name and Address of Current Registered Agent
COLANGELO, ANTHONY J.
6104 GALLEON WAY
TAMPA FL 33615

10. Name and Address of New Registered Agent
81 Name: Anthony J. Colangelo SR
82 Street Address (P.O. Box Number is Not Acceptable): 119 Laurel Tree Way
83
84 City: Brandon FL
85 Zip Code: 33511

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] 4/26/96
Signature, Registered Agent and Title if Applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	COLANGELO, ANTHONY J. S	
STREET ADDRESS	6104 GALLEON WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	119 Laurel Tree Way	
1.4 CITY-ST-ZIP	Brandon FL 33511	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: [signature] 4/26/96 (813)996-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)