Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90087 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S74808**

USAUTO	EXCHANGE, INC.					<u> </u>				
Principal Flace of Business Mailing Address								8141 88181 1814 8191	il Militi dinai pidii bi	Det MIMIT IMMI
4623 LAND O'LAKES BLVD LAND O'LAKES FL 34639 US		4623 LAND O'LAKES BLVD LAND O'LAKES FL 34639 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						04/17	/1992			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ap	blied For
21		26				65-0328644				: Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			quired	
City & Sitate	e	City & State							\$5.00	,
23		28				Trust Fund Contribution Added to Fees			o Fees	
Zip	Country	Zip		Country		8. This corporation owes the current year I		Intangible ☐ ☐ Yes ☐ No		
24	25	29	30			Personal Property Tax. 10. Name and Address of New Register:				
	9. Name and Address of Curre	ent Registered Agent	5	II Nam		IV. Name	and Address of I	vew register	a Agent	
COLANGELO, J ANTHONY S 119 LAUREL TREE WAY						idress (P.O. Bo (Number is Not Acceptable)				
	NDON FL 33511		5	13			<u> </u>			
5.00	1501112 05011			4 City					. 85 Zip C	ode
								-	L	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	iuthorized t	y the co	rporation	ration submit n's board of d	s this statement to lirectors. I hereby	accept the ap	or changing its	jistered
SIGNATURE		400 15-01-01-01-01-01-01-01-01-01-01-01-01-01-	- Demotrand &	- ant signatu	en roculrod	when reinstating		DATE		\
12.	Signature, typed or printed in ime of registered ag	NO DIRECTORS	13.	gent signatu	10 TOC UITEG	ADDITI	NS/CHANGES T		AND DIRECTO	RS IN 12
TITLE			1.1 TITU	=	T				Change	Addition
NAME	COLANGELO, ANTHONY J. S		1.2 NAME							}
STREET ADDRESS	119 LAUREL TREE WAY		1.3 STRI	3 STREET ADDRESS						
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP							
TITLE	OI DATE OF THE O	☐ DELETE	2.1 TITLI	Ē					Change	☐ Addition
NAME			2.2 NAM	E						
STREET ADDRESS			2.3 STREET ADDRE		ss					
CITY-ST-ZIP			2. 4 CIT	2. 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITL	E					Change	Addition
NAME			3.2 NAM	E						
STREET ADDR :SS			3.3 STR	EET ADDRES	SS					
CITY-ST-ZIP			34 CITY	-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLI	Ē					Change	Addition
NAME			4 2 NAM	ME						
STREET ADDRESS			4.3 STRI	EET ADDRES	SS					
CITY-ST-ZIP				-ST-ZIP	<u> </u>				E7 Charte	
TITLE		☐ DELETE	5.1 TITU						Change	Addition
NAME			5.2 NAM							
STREET ADDRESS				EET ADDRES	55					
CITY-ST-ZIP		[7] A.S. E		- ST-ZIP	+-				[]Change	
TITLE		☐ DELETE	6.1 TITL						Change	Addition
NAME			6.2 NAM		00					
STREET ADDRESS			6.3 STR	EET ADDRES	55					

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \

CITY-ST-ZIP

NAME OF SIGNING OFFICE R OR DIRECTOR