

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 # V00592

1. Corporation Name

Auto Sparkle, Inc. V00592

Principal Place of Business

Mailing Address

112 West Adams Street
Suite 1700
Jacksonville, FL 32202

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

Wilbur, John H.
112 West Adams Street
Suite 1700
Jacksonville, FL 32202

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 Sections 607.0502 and 607.1505, 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, the undersigned, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director authorized to execute this statement

Signature of registered agent or authorized representative of registered agent

Date

12 OFFICERS AND DIRECTORS

13 ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [] DEFER

NAME Woodventon, Derrick R.

STREET ADDRESS 972 Ponte Vedra Blvd.

CITY-STATE-ZIP Ponte Vedra, FL 32082

TITLE [] DEFER

NAME Woodventon, Arnold R.

STREET ADDRESS 972 Ponte Vedra Blvd.

CITY-STATE-ZIP Ponte Vedra, FL 32082

TITLE [] DEFER

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DEFER

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE [] DEFER

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DEFER

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I hereby certify that the information supplied herein does not qualify for the exempt status under Florida law. I understand that if the information is false or misleading, I may be liable for civil or criminal penalties. I understand that if the information is false or misleading, I may be liable for civil or criminal penalties. I understand that if the information is false or misleading, I may be liable for civil or criminal penalties.

SIGNATURE:

DERICK WOODVENTON

5/11/99 (904) 810-1951

FILED

MAY 17 AM 9:53

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/91

4. FEI Number

59-3101323

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 owes the current year Intangible
Personal Property Tax

[] Yes [X] No

10. Name and Address of New Registered Agent

CR20034 (4/98)