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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V22082

(4)

1. Corporation Name

AUTO SPORTS CENTER, INC.

Principal Place of Business

870 E. SEMORAN BLVD.
APOPKA FL 32703

Mailing Address

870 E. SEMORAN BLVD.
APOPKA FL 32703-5517



3. Date Incorporated or Qualified

03/18/1992

3a. Date of Last Report

03/26/1996

4. FEI Number

59-3110477

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

21 2003 S. BAY ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 2003 S. BAY ST.

Suite, Apt. #, etc.

City & State

23 EUSTIS FLORIDA

City & State

28 EUSTIS, FLORIDA

24 32726

Country

25 LAKE

Zip

29 32726

Country

30 LAKE

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM INC
110 N MAGNOLIA DRIVE
SUITE 105
TALLAHASSEE FL 32301

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 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 type of corporation, name of registered agent and title. Applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME YATES, LEIGHTON D JR
STREET ADDRESS 200 S ORANGE AVE
CITY-STATE-ZIP ORLANDO FL

☐ DELETE

TITLE PD
NAME LEE, HARLEY H.
STREET ADDRESS 260 WEKIVA SPRINGS RD.
CITY-STATE-ZIP LONGWOOD FL

☐ DELETE

TITLE TDM
NAME MASON, CHARLES E.
STREET ADDRESS 260 WEKIVA SPRINGS RD.
CITY-STATE-ZIP LONGWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles E. Mason
DATE: 2/26/97
FEE: 100002104871
-03/05/97--01061--007
***165.00

CR2E034 (9/96)