

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **V35820** (2)

1. Corporation Name

FLORIDA AUTO GROUP, INC.

Principal Place of Business

**7246 N. DALE MABRY HWY.
TAMPA FL 33614-2647**

Mailing Address

**7246 N. DALE MABRY HWY.
TAMPA FL 33614-2647**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1992		3a. Date of Last Report 04/27/1995	
21 6706 N. FLORIDA AVE.		26 6706 N. FLORIDA AVE.		4. FEI Number 59-3125945		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 TPA, FLORIDA		28 TPA, FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33604		25 HILLSBOROUGH		29 33604		30 HILLSBOROUGH	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CANNELLA, FRANK 402 COURTNEY DRIVE TEMPLE TERRACE FL 33617				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 typed or printed name of registered agent and how it applies

(If "Off" Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CANNELLA, FRANK		1.2 NAME				
STREET ADDRESS	402 COURTNEY DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33617		1.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TESTA-SECCA, PATRICK J.		2.2 NAME				
STREET ADDRESS	1362 SOUTH VILLAGE DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TRAFFICANTE, DINO JOSE		3.2 NAME				
STREET ADDRESS	9209 POST ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	ODESSA FL 33556		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (813) 238-7455
Date Daytime Phone #

CR2E034 (12/95)