

**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

DOCUMENT # **V46509 (8)**

1. Corporation Name  
**GAINESVILLE AUTO CENTER, INC.**



Principal Place of Business: **514 NORTH MAIN STREET GAINESVILLE FL 32601**  
Mailing Address: **514 NORTH MAIN STREET GAINESVILLE FL 32601**

3. Date Incorporated or Qualified: **06/29/1992**      3a. Date of Last Report: **05/23/1995**  
4. FEI Number: **59-3157455**      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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Subd. Apt. #, etc.:  
City & State:  
Zip: Country:

9. Name and Address of Current Registered Agent  
**RAJAE, MOHAMMAD  
514 NORTH MAIN STREET  
GAINESVILLE FL 32601**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 TITLE	PST	<input type="checkbox"/> DELETE
12.2 NAME	RAJAE, MOHAMMAD	
12.3 STREET ADDRESS	514 N MAIN ST	
12.4 CITY-STATE-ZIP	GAINESVILLE FL	
12.5 TITLE		<input type="checkbox"/> DELETE
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY-STATE-ZIP		<input type="checkbox"/> DELETE
12.9 NAME		
12.10 STREET ADDRESS		
12.11 CITY-STATE-ZIP		<input type="checkbox"/> DELETE
12.12 NAME		
12.13 STREET ADDRESS		
12.14 CITY-STATE-ZIP		<input type="checkbox"/> DELETE
12.15 NAME		
12.16 STREET ADDRESS		
12.17 CITY-STATE-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE: Mohammad Rajae  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 352-326-4113  
DATE DATE

CR2E034 (12/95)