

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 # **V48375** (2)
1. Corporation Name
THE AUTO ADOPTION CENTER, INC.



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
5510 EAST KIRBY TAMPA FL 33617		5510 EAST KIRBY TAMPA FL 33617		07/07/1992	05/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number		Applied For	
		59-3134545		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		8.75 Additional Fee Required	
		<input type="checkbox"/>		<input type="checkbox"/>	
23. Zip	28. Zip	6. Election Campaign Financing		5.00 May Be Added to Fees	
		Trust Fund Contribution		<input type="checkbox"/>	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAWDAN, HAROLD J. 5510 EAST KIRBY TAMPA 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 _____ DATE _____
Signature must be printed name of the individual signing for the corporation. (Date) Registered Agent signature must include date of registration.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAWDAN, HAROLD J.			12. NAME			
STREET ADDRESS	5510 EAST KIRBY			13. STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			14. CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAWDAN, LESLIE J.			22. NAME			
STREET ADDRESS	5510 EAST KIRBY			23. STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			24. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. CITY-ST-ZIP			

14. I on 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: *Leslie J. Rawdan* **LESLIE J. RAWDAN** 26-96 813-980-1018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)