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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(9)

**ELLIOTT AUTOMOTIVE, INC.** 

Principal Place of Business Mailing Address											
r-1	390 MELODY LANE CASSELBERRY FL 3270		1416	390 MELODY LANE CASSELBERRY FL 32707 US							
	US									te of Last Report 07/31/1995	
2.	Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For	
٠,	,		26					59-3148715		Not Applicable	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23	City & State			City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Zıp	Country	29	Zip	30	untry		8. This corporation has liability for Florida Statutes	rintangible s		
	9. Name and Address of Current Registered Agent  CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301							10. Name and Address of New	Registere	ed Agent	
							Name Street Addre	ess (P.O. Box Number is Not Accepta	ible)		

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.

City

SIGNATURE	iture, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signatu	e required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TIFLE	P DEL	ETE 1, 1 TITLE	☐ Change	☐ Addition
	ELLIOTT, KURTIS L.	1.2 NAME		
STREET RECORDS	390 MELODY LANE	1.3 STREET ADDRES	s	
CITY - ST - ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP		- 1 1 to
TITLE	V DEL	ETE 2 1 TITLE	☐ Change	■ Addition
	ELLIOTT, KURTIS L	22 NAME		
	390 MELODY LANE	2.3 STREET ADDRES	S	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP		F-1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THLE	S DEL	ETE 3 1 TITLE	Change	Addition
NAME	ELLIOTT, MARILYN A	3.2 NAME		
STREET ADDRESS	390 MELODY LANE	3.3 STREET ADDRE	ss	
CITY-ST-ZIP	CASSELBERRY FL	3 4 CITY - ST - ZIP		
TETLE	DEL	ETE 4 1 TITLE	☐ Chan je	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRES	s	
CHTY - ST-ZIP		4.4 CITY - ST - ZIP		4400
TITLE	☐ D£L	ETÉ 5. 1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRE	SS S	
CITY - ST - ZIP		5.4 CITY - ST - ZIP		☐ Addition
TITLE	DEI	ETÉ 6. 1 TITLÉ	☐ Change	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRE	ss	
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.

4/15/96 407-83/-2/11
Destruction

85 Zip Code