FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATU

Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 394800 (7) NATIONAL AUTO PROPERTIES, INC. Principal Place of Business Mailing Address 1605 S MISSOURI AVENUE 1605 S MISSOURI AVENUE CLEARWATER FL 34618 CLEARWATER FL 34616. 33756 DO NOT WRITE IN THIS SPACE 33756 3. Date incorporated or Qualified 01/28/1972 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-1378380 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution П Added to Fees Zip Country 210 Country This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ELMORE, DAVID** 1605 SO. MISSOURI AVE. 82 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34616-**B3** 84 City 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 title it applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 13. DELETE 1.1 TITLE POLESKY, MYRA A. 1.2 NAME 1900 E. Windsong Mache Tunction, 172 85219 NAME CR2E034 002 E ISABELLA AVENUE 1.3 STREET ADDRESS STREET ADDRESS MESA-AZ___ 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE PD NAME LEVIN, LEONARD 2.2 NAME STREET ADDRESS 1605 S . MISSOURI AVENUE 2.3 STREET ADDRESS CLEARWATER FL 33756 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE ELMORE, DAVID 3.2 NAME NAME 1605 SOUTH MISSOURI AVE. STREET ADDRESS 3.3 STREET ADDRESS CLEARWATER FL 33756 3 4. CiTY-ST-ZIP CITY-ST-ZIF DELETE 4.1 TITLE Change Addition LEVIN, CAROL J. 4. 2 NAME 1605 S. MISSOURI AVENUE 4.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this fiting 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

echand D. Levin, Hres. 3-14-98 (813) 581-406

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