

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **486511** (9)

1. Corporation Name
SAPER AUTO SALES, INC.



Principal Place of Business: **3344 S. FEDERAL HWY. FT. LAUDERDALE FL 33316**
Mailing Address: **3344 S. FEDERAL HWY. FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **10/21/1975**
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business: **8990 S. HOLLYBROOK BLVD**
22. Suite, Apt. #, etc.: **207**
23. City & State: **Pembroke Pines, FL**
24. Zip: **33025** 25. Country: **USA**
26. Mailing Address: **8990 S. HOLLYBROOK BLVD**
27. Suite, Apt. #, etc.: **207**
28. City & State: **Pembroke Pines FL**
29. Zip: **33025** 30. Country: **USA**

4. FEI Number: **59-1657974**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fees 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

9. Name and Address of Current Registered Agent
BRODLIEB, HERBERT
3344 S. FEDERAL HWY.
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
81. Name: **BERNICE BRODLIEB**
82. Street Address (P.O. Box Number is Not Acceptable): **8990 S HOLLYBROOK BLVD**
83. #: **207**
84. City: **Pembroke Pines FL** 85. Zip Code: **33025**

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: *Bernice Brodlieb* **4/26/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRODLIEB, HERBERT	
STREET ADDRESS	8990 S. HOLLYBROOK RD.	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BRODLIEB, BERNICE	
STREET ADDRESS	8990 S. HOLLYBROOK RD.	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Bernice Brodlieb* **BERNICE BRODLIEB** **4/3/96** **(854)** **431-1063**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)