

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F13152 (6)**

1. Corporation Name
APEX AUTO SALES OF LIGHTHOUSE POINT, INC.



Principal Place of Business Mailing Address
**C/O DONALD V GUERRA
3400 N FEDERAL HWY
LIGHTHOUSE PT FL 33064**

| | |
|--|---|
| 3. Date Incorporated or Qualified 12/30/1980 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 59-1470003 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

**GUERRA, DONALD V
3400 N FEDERAL HWY
LIGHTHOUSE, FL
LIGHTHOUSE FL 33064**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |

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, typed or printed name of registered agent and title if applicable (NONE - Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUERRA, DONALD V | 2. NAME | |
| STREET ADDRESS | 3400 N FEDERAL HWY | 3. STREET ADDRESS | |
| CITY- ST- ZIP | LIGHTHOUSE PT, FL 00000 | 4. CITY- ST- ZIP | |
| TITLE | VPS <input type="checkbox"/> DELETE | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AWED, MARY | 2.2 NAME | |
| STREET ADDRESS | 1261 N.E. 42ND CT. | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | POMPANO BEACH FL 33064 | 2.4 CITY- ST- ZIP | |
| TITLE | SVP <input type="checkbox"/> DELETE | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LILIANE GUERRA | 3.2 NAME | |
| STREET ADDRESS | 2314 NE 26TH ST | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | LIGHTHOUSE POINT FL 33064 | 3.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | |

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4-10-96

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 954-7823408
Date Daytime Phone #

CR2E034 (12/95)