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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H06722 (3)

G & C FOREIGN CAR REPAIR AND SALE, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1900 N. DIXIE HIGHWAY 1900 N. DIXIE HIGHWAY WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1984 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-2418065 21 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 \Box Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHANDLER, HANNA 132 WOODLAKE CIRCLE Street Address (P.O. Box Number is Not Acceptable) **GREENACRES FL 33483** 83 84 City B5 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and tipe if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE CHANDLER, HANNA NAME 1.2 NAME 132 WOODLAKE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **GREENACRES FL 33463** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GLOWALA, ANDRZEJ NAME 2.2 NAME 139 WOODLAKE CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **GREENACRES FL 33463** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 composition or the receiver of 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 applicas.

SIGNATURE: