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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400001851 (2) SILVER SPRINGS AUTOS INC					
Principal Place of Business Mailing Address				· · ·	
5300 E SILVER SPRINGS BLVD. SUITE A SILVER SPRINGS FL 34488		5300 £ SILVER SPRINGS BLVD. SUITE A SILVER SPRINGS FL 34488		DO NOT WRITE IN THIS	SPACE
				Date Incorporated or Qualified 12/30/1993	
2. Principal P	face of Business	2a. Mailing Address	·	4. FEI Number	Applied For
21		26		59-3237857	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25				☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	<u></u>	10. Name and Address of New Registered	Agent
MCPHEETERS, JAMES L 81 Name					
FORD F OWNERS OFFINION PLANS				ress (P.O. Box Number is Not Acceptable)	THE ST. LEWIS THE WARRANT OF
SUITE K			Oll Get 7 (d)	ress (1:0. Box realised to real Asseptable)	7
SILVER SPRINGS FL 34488					
84 City					85 Zip Code
- 1 - 7,				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DPST	DELETE	1,1 TITLE		Change Addition
NAME	MCPHEETERS JAMES LEE		1.2 NAME		
STREET ADDRESS	ss 5300 E SILVER SPRINGS BLVD. #K		1.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488		1.4 CITY+ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition.
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	• •	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		į
Street address			3.3 STREET ADDRESS		
City-ST-ZiP			3.4. CITY-ST-ZIP		and the state of t
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	ľ
CITY - ST - ZIP		——————————————————————————————————————	4.4 CITY-ST-ZIP		A Committee of the Committee of
TRTLE		☐ DÉLETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		ĺ
STREET ADORESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP		Dag me	5.4 CITY - ST - ZIP	and the state of t	TT. 14.4
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

FILED

Jan 16 1998 8:00am

Secretary of State

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