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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90056 010 ***158.75

DOCUMENT #	P96000063567
1. Corporation Name	. 000000000

JOHN LOMBARDI AUTO SALES, INC.

1313 SW 1 AVE FT. LAUDERDAL US	AVE. 1910 S.W. 37TH AVENUE FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					07/30/1996			
2Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied			
26				65-0684841 Not Ap				
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition Fee Require			
		City & State	y & State		6. Election Campaign Financing \$5.00 May	Be		
23		28			Trust Fund Contribution Added to Fe	es		
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible			
24	25]	29 30	<u> </u>		Personal Property Tax. Yes N	<u> </u>		
	9. Name and Address of Current	Registered Agent	81	N	10. Name and Address of New Registered Agent			
0.00	TAL OFFICE		101	Name				
CAPITAL SERVICES			82	82 Street Address (P.O. Box Number is Not Acceptable)				
*	HAYS STREET		-					
SUIT			83	83				
TALL	AHASSEE FL 32301		84	City	FL 85 Zip Code			
11 Pursuant f	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 regis	stered		
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: Re	gistered Agen	t signature n	required when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition]		
NAME	LOMBARDI, JOHN		1.2 NAME			J		
STREET ADDRESS	3305 SW 19 STREET		1.3 STREET	ADDRESS		1		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		1.4 CITY-S	T-ZIP	Delta-sea	Addition		
TITLE	DPVS	☐ DELĒTE	2.1 TITLE		ROSSWURM, Michelle (correct spelling) ROSSWURM, Charlotte (correct spelling)	7 YOURION		
NAME	ROSSWURUM, MICHELLE		2.2 NAME		K022 MAKWI TALICHELLE	- 1		
STREET ADDRESS	1910 S.W. 37TH AVENUE			ADDRESS	(nonexect soulling)	i		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2.4 CITY-S	T-ZIP	[Change [] Addition		
TITLE	D	☐ DELETÉ	3.1 TITLE		Clarke	J Addition		
NAME	ROSSWURUM, CHARLOTTE		32 NAME		ROSS WURM, Charlotte			
STREET ADDRESS	1910 S.W. 37TH AVENUE		3.3 STREE	ADDRESS	(CORRUCT SOUTHING)			
CITY-ST-ZIP	11. CHODENDALE 1E 0001E		3.4 CITY-5	T-ZIP	Change [Addition		
TITLE		☐ DELETE	4.1 TITLE					
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP		Classer	4.4 CITY-S	T-ZIP	Change	Addition		
TITLE		☐ DÉLETE	5.1 TITLE			J /100/00011		
NAME			5.2 NAME	r ADDDECC				
STREET ADDRESS			L	ADDRESS		ļ		
CITY-ST-ZIP		Discre	5.4 CITY-S 6.1 TITLE	;-ZIP	Change [Addition		
TITLE		☐ DELETE	6.2 NAME		Change	_,		
NAME				* 40000000		1		
STREET ADDRESS			1	ADDRESS		ĺ		
CITY-ST-ZIP		this files does not make for a	6.4 CITY-S		d in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the section of the secti	nation		
indicated		annual report is true/and accuratives or trustee explowered to exe	te and tha cute this r	t my sign enort as	required by Chapter 607. Florida Statutes; and that my name appears			

SIGNATURE: