

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

99 JUL 13 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000042795**

1. Corporation Name  
**27 AUTO SALES INC. OF LEON**



Principal Place of Business  
**4042 APALACHEE PARKWAY TALLAHASSEE FL 32311**

Mailing Address  
**4042 APALACHEE PARKWAY TALLAHASSEE FL 32311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/14/1997**

4. FEI Number  
**59-3446240**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**ELSAKA, AHMED F  
7869 TALLY ANN COURT  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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. 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 [NOTE: Registered Agent signature required when reinstating]

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PD ELSAKA, AHMED F**  
STREET ADDRESS **7869 TALLEY ANN CT**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE  DELETE  
NAME **ALLAELEEN SAGGA**  
STREET ADDRESS **7869 TALLEY ANN CT**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME **vice president**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS **300002931553--5**  
3.4 CITY-ST-ZIP **-07/14/99--01098--003**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **7-13-99** (850) 942-2219  
Signature and typed or printed name of signing officer or director Daytime Phone #

0054078

CR2E034 (11/98)