

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

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AND  
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99 JUL 29 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **097000042795**  
1. Corporation Name  
**27 Auto SALES INC LEON**

Principal Place of Business Mailing Address  
**4042 Apalachee Pkway  
Tallahassee FL 32311**

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

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

9. Name and Address of Current Registered Agent  
**EL-SAKA AHMED  
7869 Talley Ann  
Talle Fla 32311**

10. Name and Address of New Registered Agent

81	Name	<b>00002550500-5</b>
82	Street Address (P.O. Box Number, No. or name)	<b>-08/04/99--01071--009</b>
83		<b>*****61.25 *****61.25</b>
84	City	<b>FL 85</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>AHMED EL-SAKA</b>	<input type="checkbox"/> DELETE
NAME	<b>7869 Talley Ann CT.</b>	
STREET ADDRESS	<b>Talle Fla 32311</b>	
CITY-ST-ZIP		
TITLE	<b>ALLAELDEEN SAGBA</b>	<input type="checkbox"/> DELETE
NAME	<b>7869 Talley Ann CT.</b>	
STREET ADDRESS	<b>Talle. Fla 32311</b>	
CITY-ST-ZIP		
TITLE	<b>JOHN HUYNH</b>	<input type="checkbox"/> DELETE
NAME	<b>1483 BENT WILLOW DR</b>	
STREET ADDRESS	<b>Tallahassee FL 32311</b>	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VICE President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **07-29-99** (850) 947-2219

CR2E034 (11/98)