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 # P95000054754 (3)

AUTO BROKERS OF DELRAY, INC.

Principal Place of Business Mailing Address

5300 COUNTER PLAY RD
PALM BCH GARDGENS FL 33418
US

Mailing Address

5300 COUNTER PLAY RD
PALM BCH GARDENS FL 33418
US

FILED Apr 14 1998 8:00am Secretary of State



PALM BCH GARDGENS FL 33418 US			US					DO NOT WRITE IN THIS SPACE			
00			00	00				3. Date Incorporated or Qualified			
								07/13/1995			
2. Principal Pr	ace of Busin	ess	2a. Mailing Add	2a. Mailing Address				4. FEI Number		Ap	plied For
21			26	26				65-0598134		No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22			27					•		Fee Re	quired
City & State	e		City & State	City & State				6. Election Campaign Financing	_	\$5.00	•
23			28	· · · · · · · · · · · · · · · · · · ·	<u> </u>			Trust Fund Contribution		Added t	
Zip		Country	Zip EE1	l:::n	Country	,		8. This corporation owes or has			angible] No
24		25 and Address of Curre	129	[30]				Personal Property Tax due Ju 10. Name and Address of New 1			7 140
			iit negistered Agein	·	81	Name		(U. Haille alla Adoless Ci Heal	Togratorea	ngoin	
	HOPKINS, WILLIAM H										
	NE 6TH AV	E		82 Street A			Addres	s (70). Box Number is Not Accept	able)	1-	
	E 110			83 -			00	COUNTYC FL	NY	Q D	
DEI	THAY BEAU	H FL 33483			63	_					
					84	DX.		2 Casa	·	85 Zip (Code
		76 2 607 62	50 1007 4600 Ft			1 11 1	777	ration submits this statement for the	7) Lr		YY Y
n no acilia	edistered add	ons or sections 607.050 ont, or both, in the State h, and accept the oblig	⊫of Florida. Such cha	ange was autho	xized by	/ the corp	poration	n's board of directors. Thereby acc	cept the app	ointment as	registered
SIGNATURE	Signature, typed	or printed name of majetimed ag	ent and trio if applicable	(NOTE Reg	istered Age	ent signature	required	when rainstating)	DATE		
12.			ID DIRECTORS		13.			ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTOR	S IN 12
TITLE	D			DELETE	11 TITLE					☐ Change	Addition
NAME	HOPKIN:	S, WILLIAM H			12 NAME						
STREET ADDRESS		UNTER PLAY RD			13 STREET	ADDRESS					
CITY-ST-ZIP	PALM B	CH GARDENS FL			14 CITY- 9	ST-ZIP					
TITLE	•			DELETE	21 TITLE					Change	Addition
NAME					22 NAME						
STREET ADDRESS					2 3 STREET	ADDRESS					
CITY-ST-ZIP					2 4 CHY-	ST - ZIP			····		
TITLE				DELETE	31 TITLE					Change	Addition
NAME					32 NAME						!
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY-ST-ZIP					34. C(TY-)	ST-ZIP					
TITLE				DELETE	4.1 TITLE					Change	Addition
NAME					4 2 NAME						
STREET ADDRESS					4.3 STHEET	ADDRESS					
CITY-ST-ZIP			, ,		4.4 CITY-5	5 1 - 7 1P					
TITLE				DELETE	5.1 TITLE					Change	Addition
NAME					52 NAME						
STREET ADDRESS					53 STREFT	ADDRESS					
CITY-ST-ZIP					5.4 CHY-S	I - ZIP					7.100
TITLE					61 TITLE					Change	Addition
NAME					62 NAME						
STREET ADDRESS					63 STHEET	ADDRESS					
CITY-ST-ZIP					64 CITY-S						
I hereby c indicated	certify that the	e information supplied v al report or supplement	vith this filing does no al annual report is tru	ot qualify for the lie and accurate	e exemple and th	tion state at my sig	ed in Se Inature	ection 119.07(3)(i), Florida Statutes shall have the same legal effect a	I further ce s if made ur	ortify that the ider oath; tha	information at I am an

4. 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 suppliemental 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 altachment with an address.