## 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 Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90010 049 \*\*\*150.00

## DOCUMENT # **K35592**

1. Corporation Name

JM AUTO, INC.

Principal Place	of Business	Mailing Address					
5350 WEST SAMPLE RD.		111 NE 12TH AVE					
MARGATE FL 33063		DEERFIELD BEACH FL 33442		DO NOT WRITE IN THIS SPACE			
บร		US			3. Date Incorporated or Qualifed	- SFAUL	
					09/30/1988		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	or
21		26 100 NW 12th	Aven	ue	65-0088515	Not Applic	able
Suite, Apt.	, etc.	Suite, Apt. #, etc.				\$8.75 Additions	al
22		27			5. Certificate of Status Desired	Fee Required	
City & State	)	City & State			6. Election Campaign Financing	\$5.00 May Be	,
23 28		Deerfield B	B Deerfield Beach		Trust Fund Contribution	Added to Fees	
Zip	Country Zip Cou		Country	_	8. This corporation owes the current year Intangible		
24	25	29 FL 30	3344	2	Personal Property Tax.	☐Yes ☐No	]
<del></del>	9. Name and Address of Current		·		10. Name and Address of New Registered	Agent	
			81	Name			ļ
CT C		82	Etroot	Address (P.O. Box Number is Not Acceptable)	<u> </u>	<del></del> i	
1200		02	Sueet	Address (F.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			83				
			0.4	014		85 Zip Code	
			84	City	FL	2ip 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							
l office or re	edistered agent, or both, in the State of	i Florida. Such change was autho	orized by	ine corpo	pration's board of directors. I hereby accept the appoin	itment as registered	'
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutés.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Agen	signature re	equired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE		L. Taylor Ward, III	☐ Change ☐ Change	ddition
NAME	BROWN, COLIN W		1.2 NAME		Vice President & General Co	unsel	
STREET ADDRESS	100 NW 12TH AVE		1.3 STREET	ADDRESS	100 NW 12th Avenue	411561	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST	-ZIP	Deerfield Beach, FL 33442		
TITLE	DV	☐ DELETE	21 TITLE	· ·	Assistant Secretary	Change Change	ddition
NAME	CZUBAY, KENNETH M		2.2 NAME			,	
STREET ADDRESS	100 N.W. 12TH AVENUE		2.3 STREET	ADDRESS	John A. Brilliant		1
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-S	T-719	100 NW 12th Avenue		
TITLE	DP DP	☐ DELETE	3.1 TITLE	·	Deerfield Beach, FL 33442	☐ Change ☐ A	ddition
NAME	MORAN, PATRICIA A.		3.2 NAME		Vice President and General	Manager 🗥	~ `
STREET ADDRESS	100 N.W. 12TH AVENUE		3.3 STREET	ADDRESS	David W. Mullen, Jr.		
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4, CITY-S		5350 West Sample Road		
TITLE	DVP	[] DELETE	4.1 TITLE	1-211	Margate, FL 33063	☐ Change ☐ Ad	ddition
NAME	BROWN, COLIN W		4. 2 NAME		-		
STREET ADDRESS	100 NW 12TH AVENUE		4.3 STREET	ADDRESS			
1 1	DEERFIELD BEACH FL		4.4 CITY-ST				
CITY-ST-ZIP TITLE	S S	□ DELETE	5.1 TIFLE	-211		☐ Change ☐ Ad	ddition
<b>!</b> !	WHELAN, JOHN J.	L) beec/c	5.2 NAME				
NAME	100 NW 12TH AVENUE		5.3 STREET	ADDRESS			
STREET ADDRESS	DEERFIELD BEACH FL		5.4 CITY-S1				.
CITY-ST-ZIP	DELAITELD DEAOTI FE	☐ DELETE	6.1 TITLE			Change A	ddition
TITLE		ال مادد ال	6.2 NAME				
NAME			J. LIVVIL				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.5<u>-</u>99

954- 429-2010 Daytime Phone #