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

PROFIT CORPORATION ANNUAL REPORT

4000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 21, 1999 8:00 am Secretary of State 05-21-1999 90005 007 ***158.75

1999	BIVISION OF CO		03-21-1999 90003	007 ***138.73
DOCUMENT # K3(0416			
Auto Express ent	TNC			

Principal Place of Business 1050. D. MILLS AVE 1050. D. MILLS AVE 1050. D. MILLS AVE				
ORIAND FC 32803	o FC 32803 ORIANDO FC 32803			,
	u.5		DO NOT WRITE IN THIS SPACE	
us'			3. Date Incorporated or Qualifed	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be _Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year I	ntangible 🕻 🗸
24 25	29 3	0	Personal Property Tax.	☐ Yes No
9. Name and Address of Current			10. Name and Address of New Registere	d Agent
hem:	old:	81 Name G	ARY WARD	
(-ARY WHK)	Ma Jewski Ki	M C 82 Street Add	ress (P.O. Box Number is Not Acceptable) +	
1112 V LOATHROW	St. JORI F	C 92	1 HEAPWOOD 3	
11132 1 100111	378	77 👸		
GARY WARD 11132 HEATHROW ORLANDO FL. 3	2851)	84 City OR	lando F	L 85 Zip Code 37
44 December 4 to the provisions of Continue 607 0502	and 607 1509 Florida Statutes	the above-named corr	poration submits this statement for the purpose	of changing its registered
office or registered agent, or both in the State or agent. I am familiar with,	· Florida: Such change was auth	norized by the corporati	on's board of directors. I hereby accept the app	ointment as registered
		o dialotes.		
SIGNATURE Signature, typed or printed name of registered agent :	and title if applicable. (NOTE: R	egistered Agent signature require		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE S/T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME Sham, ZIAd		1.2 NAME		
STREET ADDRESS 6170 WILLOW POINT	\V` - = 8777	1.3 STREET ADDRESS		
CITY-ST-ZIP ORLAND FC	3 - 0	1.4 CITY-ST-ZIP		Change Addition
TITLE P/D	☐ DELETE	2.1 TITLE		ChangeAddition
NAME Sham, WAZIH		2.2 NAME		
STREET ADDRESS / 17 C 1 11 11 10 10 POLICE CO		2.3 STREET ADDRESS		
CITY-SI-ZIP GRIQNOLO PC 3	7827 □ DELETE	2. 4 CITY-ST-ZIP	<u> </u>	Change Addition
me -	 □ Nere ie	3.1 TITLE 3.2 NAME		
NAME		3.2 NAME 3.3 STREET ADDRESS	,	
STREET ADDRESS		3.4, CITY-ST-ZIP	· ·	
CITY-ST-ZIP TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME	•	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-7IP		4.4 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 of true 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 of true that my name appears in Block 12 or Block 13 if changed, or on an attachnique with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITI F

NAME

TITLE

NAME

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

Change

Change

Addition

Addition

CR2E034 (11/98)