

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 213712 (3)

1. Corporation Name

PALM BEACH AUTO IMPORTS, INC.

Principal Place of Business

% ROBERT CUILLO
2301 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409

Mailing Address

% ROBERT CUILLO
2301 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1958

3a. Date of Last Report

02/17/1994

4. FEI Number

59-0837605

Applied For

Not Applicable

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 has liability for changing its name under the
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. # etc.

Suite, Apt. # etc.

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City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FHS CORPORATE SERVICES INC.
11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408**

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 607.01(3) and 607.01(4)(b), 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 duties of a registered agent under Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

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STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

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11. NAME

12. NAME

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37. NAME

38. NAME

39. NAME

40. NAME

14. I hereby certify that the information supplied with this filing is truthful, furnished and does not equally for the corporation stated in Chapter 607, Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of the corporation or the person or persons named to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:

STEVEN SCHACKS **STEVEN SCHACKS**

4/27/95

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Number