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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90062 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 213712

1. Corporation Name  
**PALM BEACH AUTO IMPORTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2345 OKEECHOBEE BLVD, 2301 OKEECHOBEE BLVD, WEST PALM BEACH FL 33409 US  
 Mailing Address: 2345 OKEECHOBEE BLVD, 2301 OKEECHOBEE BLVD, WEST PALM BEACH FL 33409 US

3. Date Incorporated or Qualified: 07/11/1958  
 4. FEI Number: 59-0837605  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent  
**FHS CORPORATE SERVICES INC.**  
**11780 U.S. HIGHWAY ONE**  
**SUITE 300**  
**NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent  
 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 607.0502 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
 TITLE: DPS [ ] DELETE  
 NAME: CUILLO, ROBERT S  
 STREET ADDRESS: 2345 OKEECHOBEE BLVD  
 CITY-ST-ZIP: WEST PALM BEACH FL  
 TITLE: T [ ] DELETE  
 NAME: HOTARY, MICHAEL  
 STREET ADDRESS: 2345 OKEECHOBEE BLVD  
 CITY-ST-ZIP: WEST PALM BEACH FL  
 TITLE: VAS [ ] DELETE  
 NAME: CUILLO, ROBERT A  
 STREET ADDRESS: 2345 OKEECHOBEE BLVD  
 CITY-ST-ZIP: W PALM BCH FL  
 TITLE: [ ] DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:  
 TITLE: [ ] DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:  
 TITLE: [ ] DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE [ ] Change [ ] Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE [ ] Change [ ] Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE [ ] Change [ ] Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE [ ] Change [ ] Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE [ ] Change [ ] Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE [ ] Change [ ] 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: \_\_\_\_\_ 4-30-99 (561) 478-3509  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)