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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 426726 (6)

SMART CHOICE AUTOMOTIVE GROUP, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				r tabihi diala 11618 aliti tabia ilala al		01011 B1011 B191		
	SHINGTON AVENUE	5200 SO. WASHINGTON AVENUE								
TITUSVILLE FL 32790-7316		TITUSVILLE FL 32780-7318				DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualified				
						05/24/1973				
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				59-1469577		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	<u></u>	\$8.75		
22		27				5. Certificate of Status Desired	.,	Fee Re	benlupe	
City & State	9	City & State				6. Election Campaign Financing		\$5.00		
23		28				Trust Fund Contribution	لسا	Added		
Zip	Country	Zip	Count	гу		B. This corporation owes or has pa	_			
24	25		30			Personal Property Tax due June Name and Address of New Re			J No	
	9. Name and Address of Current I	registered Agent	8	1 Name		O. Name and Address of New As	Aisreian	Agoni		
	TCHINSON, JAMES NEAL JR.		Ľ	1 110.110						
	O S WASHINGTON AVE		8	2 Street	Address	(P.O. Box Number is Not Acceptal	ole)			
1111	USVILLE FL 32780		8	2						
			"	٦						
			8	4 City			FL	85 Zip (Code	
## Durayant	to the province of Sections 607 0502	and 607 1508 Florida Statuto	e the abo	ve-named	decorpora	tion submits this statement for the r	ournose of	changing it	s registered	
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.										
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, byted or punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.	110000		, ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 TOTLE		101	5		Change	Addition	
NAME	SMITH, GARY R		1.2 NAM		Hu	tchinson, J.N.	M		l:	
STREET ADDRESS	5200 S. WASHINGTON AVENUE		1.3 STRE	ET ADDRESS	520	00 S. Washington	AVE			
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY	-ST - ZIP	Tit	usville, FL 3278	30			
TITLE	V	DELETE	21 TITLE		DHC			Change	Addition 1	
NAME	MOHR, RONALD		2 2 NAM	ŧ	1464	ahams, Robert				
STREET ADDRESS	5200 S WASHINGTON AVENUE		2.3 STRE	ET ADDRESS	520	O.S. Washington Av	se.			
CITY-ST-ZIP	TISTUSVILLE FL		2. 4 CITY	-ST-ZIP	Titu	usville, FL 32780	<u> </u>			
TITLE	VO .	DELETE	3 1 TITLE		l D	•		Change	Addition	
NAME	WHALEY, FRED		3 2 NAM	Ī.	Pavi	ker, Gerald ios. Washington A	NO			
STREET ADDRESS	5200 S. WASHINGTON AVENUE		3.3 STRE	et address			ve		ł	
CITY-ST-ZIP	TITUSVILLE FL 32780		3.4. CITY	- ST - ZiP	Tit	usuille, EL 32780				
TITLE	D	DELETE	4 1 TITLE		117	-		☐ Change	Addition	
NAME	YOSSIFON, JOSEPH		4 2 NAN	IE	Bur	ngardner David	4			
STREET ADDRESS	5200 S. WASHINGTON AVENUE	•	4 3 STRE	et address	1520	oos. Washington,	AVE			
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY	- S1 - ZIP	LITI	usville, PL 327	<u>80</u>			
TITLE	ÇD	DELETE	51 101.0		Ma	cnab, Craig D 00 S. Washington/ usville, FL 3278		Change	Addition	
NAME	ABRAHAMS, ROBERT		5.2 NAM	Ē	520	oos. Washington/	lve			
STREET ADDRESS	5200 S. WASHINGTON AVE.		5 3 STRE	et address	1-1	usville FI 3278	0			
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY	-ST-ZIP						
TITLE	\$	DELETE.	61 THILE		D			☐ Change	Addition	
NAME	RE STINA, ERNEST		62 NAM	F	Was	nowski Donald os. Washington	۸			
STREET ADDRESS	\$200 S. WASHINGTON AVENUE		63 STRE	FT ADDRESS	520	o s. Washington!	SUt			
CITY-ST-ZIP	TITUSVILLE FL 32780		64 CITY		17:	tusurlle, FL 32	180_			
14. I hereby o	certify that the information supplied with	this filma does not qualify for	the exen	notion stat	ted in Sec	ction 119.07(3)(i), Florida Statutes. I	l further ce	rtify that the	information	

Inereoy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. 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.