SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(9)

FILED Jul 16 1998 8:00am Secretary of State

H. D. AUTO SALES, INC.				1 10 011 4 100 0 1110 110 110 110 110 11	
Principal Place of Business Mailing Address					DIDA DIEN SIDA BEEN BIDA DIDA AUDI
1309 N. FEDERAL HWY. HOLLYWOOD FL 33020		1309 N. FEDERAL HWY. HOLLYWOOD FL 33020		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/16/1973	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 1316 N. FEDERAL HWY		26 1316 N. FEDERAL HWY.		59-1497938	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip Country		8. This corporation owes or has paid th	
24	25	29 3		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	· -14		10. Name and Address of New Regist	
DUB	ROFSKY, LEONARD		81 Name		
6500 E. TROPICA WAY			82 Street Ad	dress (P.O. Box Number Is Not Acceptable)	
PLAN	NTATION FL 33317				
			83		
			84 City		85 Zip Code
44 =					FL_IST ZIP COOK
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, typed or printed name of registered egent	and tills if applicable (NOTE	Registered Agent eignature re	anulred when reinstelling)	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	DUBROFSKY, LEONARD		1.2 NAME		
STREET ADDRESS	1309 N. FEDERAL HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	DUBROFSKY, LYNNE		2.2 NAME		
STREET ADDRESS	1309 N. FEDERAL HWY.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	<u> </u>	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	·		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	-	(□) NETE IE	4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		_ • • - • • • • • • • • • • • • • • • •
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	,	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		j
STREET ADORESS			6.3 STREET ADDRESS		ļ
CITY-ST-ZIP	edituthat the information augustical with i	tula filina dana makamatika ka Al	6.4 CITY-ST-ZIP	action 440 07/2V(i) Florido Platidos I furbas ac	

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.

954-922-4444