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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 442200

191

TAMPA AUTO WHOLESALE & LEASING CORP. Principal Place of Business Mailing Address 4858 N. DALE MABRY HWY. P.O. BOX 151683 TAMPA FL 33614 TAMPA FL 33614						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3. Date Incorporated or Qualified 01/01/1974	3a. Date of Last 04/26/19	•
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	7,20,1	Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		59-1498878		Not Applicable
2		27		5. Certificate of Status Desired		5 Additional
City & Stat	te	City & State		6. Election Campaign Financing		e Required
3		28		Trust Fund Contribution		00 May Be led to Fees
Zip 14	Country 25	Zip	Country	8. This corporation has liability for	intangible tax under	s 199.032,
·	9. Name and Address of Curren	1 Registered Agent	30	Florida Statutes 👿 Yes	s □No	
	The state of	giotorou Agent	81 Name	10. Name and Address of New F	Registered Agent	
	M, ANDREW Q. DALE MABRY HWY. FL			ldress (P.O. Box Number is Not Acceptat		Zip Code
or registe	red agent, or both, in the State of Florid	and cor. 1300, Florida Statut				sacratared offer
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (No	ed by the corporation's bos. Oth Registered Agent signature requi	oration submits this statement for the purporal of directors. I hereby accept the appared when reputating	rpose of changing its ointment as registere	ed agent. I am
SIGNATURE	_	and title if applicable (No DDIRECTORS	DTE: Registered Agent signature requi		DATE TOERS AND DIRECT	ORS IN 12
SIGNATURE 12. IITLE	Signature, typeo or printed name of registered agent a OFFICERS AND	and title if applicable (No	TH: Registered Agent signature requi	lind wher resistatings	DATE	ORS IN 12
SIGNATURE 12. IITLE IAME	Signature, typeo or printed name of registered agent a OFFICERS AND P BELTRAM, ANDREW Q.	and title if applicable (No DDIRECTORS	TH-Registered Agent signature requi	lind wher resistatings	DATE TOERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Styrature, typed of printed name of registered agent a OFFICERS AND P BELTRAM, ANDREW Q. 4858 N. DALE MABRY HWY.	and title if applicable (No DDIRECTORS	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS	lind wher resistatings	DATE TOERS AND DIRECT	ORS IN 12
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oath; that I am an officer or director of the appears in Block 12 or Block 13 if change conforation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and or or an attachment with an address.

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-15-96 813-871-95-41