	PROFIT		IS \$550.00		ANNINATIO		
	RPORATION UAL REPORT	Kath	erine Harris	, ircie			
1999			etary of State DF CORPORATIO	NS	99 1000 PT FT PESS)	
DOCU	MENT # 442200)			\$ 22. 19.74 Up \$ 2.45 \$ 10.75		
TAMPA AUTO WHOLESALE & LEASING CORP.					斯林林原,"是"林 "		
-							
Principal Place of Business Mailing Address 4858 N. DALE MABRY HWY. 4858 N. DALE MABRY HWY.			LAMIC	1 100 111 0 101 1 101 1 101 1 101 1 101 1 101 1 101 1 101 1 101 1 101 1 101 1 101 1 101 1 101 1 101 1 101 1 101			
P.O. BOX 1516 TAMPA FL 336	583	P.O. BOX 151683 TAMPA FL 33614		DO NOT WRITE IN THIS SPACE			
11 1 E 90-		THE ATE SOLL			3. Date Incorporated or Qualifed 01/01/1974		
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-1498878	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Efection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip :4	Country [25]	Zip 29	30		This corporation owes the current year to Personal Property Tax	ntangible []Yes []No	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registered	d Agent	
BELTRAM, ANDREW Q. 4858 N. DALE MABRY HWY.				82 Street Address (P.O. Box Number is Not Acceptable)			
	IPA, FL		83				
336	14		84	City	E i	85 Zip Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change wa	s authorized by the	named corp e corporat	poration submits this statement for the purpose clients board of directors. Thereby accept the appo	of changing its registered pinIment as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (No	DTE Registered Agont s	guatire reque	ed when remetating? DATE		
12.	OFFICERS A	ND DIRECTORS	13.	· ·	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P Beltram, andrew Q.	[]] DELETE	117(1) 6		Secretary Billie Ann Beltram	[Change 💢 Addition	
name Street address	4858 N. DALE MABRY HWY.		12 NAME 13 STREET AS		4858 N. Dale Mabry Hwy.	ļ	
DITY-ST-ZIP	TAMPA, FL 00000		14 City-ST-Z-		Tampa, FL 33614		
TITLE	S	⚠ DELETE	21 TITLE	1		[] Change [] Addition	
NAME	HILL, JOYCE		2.2 NAME	İ			
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 3 STREET AL	DORESS			
CHTY-ST-ZIP TITLE	TAMPA, FL 00000		2 4 C/TY-\$1-2 3 1 T/TLF	'IP		[Change [] Addition	
NAME	BELTRAM, ANDREW Q		3.2 NAME	İ	والمتنان والمتنان وللمتنان وللمنان وللمنان وللمنان وللمنان وللمنان		
STREET ADDRESS			33 STREET AL	IORE SS	2000028312625 -04/06/9901082015		
CITY-ST-ZIP	TANDA FI DOGGO		34 CITY-ST-2	up	****150.00) ****150.00	
TITLE	☐ DELETE 41		4 1 TITLE			[Change	
WWE.			4 2 NAME				
STREET ADORESS			4.3 STREET AD	Ì			
CITY-ST-ZIP		FIDELETE	4.4 CITY-S1-ZI	P	and the second s	[] Change [] Addition	
VAME		****	5.2 NAME				
STREET ADDRESS			53 STREET AD	ORESS		Ì	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if further certify that the information indicated on this annual report or supplied entails 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, etc. the receiver or trusted 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 op anottenent with an address, with all other like empowered.

54 CITY-ST-ZIP

63 STREET ADDRESS 64 CITY-ST-ZIP

61 TITLE 62 NAME

SIGNATURE:

TITL

NAME STREET ADDRESS

CITY-ST-ZIP

F AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

3-12-99

813-877-954)