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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthagi

Secretary of State

DIVISION OF CORPORATIONS

1996	188
DOCUMENT #	5000

(2)

1. Corporation Name

AIRPORT AUTO BROKERS, INC.

Principa' Place of Business

Mailing Address

12295 8 AUTOMOBILE BLVD. CLEARWATER FL 34622 12295 B AUTOMOBILE BLVD.



CLEARWATE	R FL 34622	CLEARWATER FL 34	4622						
<del>_</del>						3. Date Incorporated or Qualifi 03/23/1976		te of Last f	
<b>2.</b> Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21	01.	26				59-1665297			Not Applicable
Suite, Apt. ( 22	· · · · · · · · · · · · · · · · · · ·	Suite, Apt #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		Crty & State				<ol><li>Election Campaign Financin Trust Fund Contribution</li></ol>	9 🗆		00 May Be ad to Fees
- <b>Ζ</b> φ	Country	Zip	L Co	suntry		8. This corporation has liability	for intangible	tax under s	199.032,
24	25	29	30				Yes □No		
	9. Name and Address of Curre	int Registered Agent		81	Name	10. Name and Address of Ne	w Registered	Agent	· <del></del>
DUCHE	CD OFFILE M			"	Name				
BUEHLER, GERALD M. 15 MARINA TERRACE Street Addr				ess (P.O. Box Number is Not Acce	otable)	*			
	INA TERRACE JRE ISLAND FL 33706			83					
INEASC	THE ISLAND FL 33706			63					
				84	City	<u> </u>		85 Z	ip Code
11. Pursuant to	o the provisions of Sections 607.050	12 and 607 1508 Florida Statu	ites the ab	J.	amed corpor	ration submits this statement for the	FI	0 0 0 0 10 0 10 0	nanintared aff
orregistere	so agent, or both, in the State of Fio	nda. Such change was author	rized by the	corpe	oration's boar	rd of directors. I hereby accept the	appointment a	s registere	registered onid d agent. I am
	h, and accept the obligations of, Sec	mon 607.0505, Florida Statute	3S.						
SIGNATURE .	Skiplet we typical or printed herry of registered age	ot and title if applicable. (I)	NOTE: Begistere	d Arent	Simulture required	d when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO		D DIRECTO	ORS IN 12
TIFLE	P	☐ DELETE	1.1	TITLE	···   [			☐ Change	
NAME	BUEHLER, GERALD M		1.2 8	NAME				_	
STREET ADDRESS	15 MARINA TERRACE		1.3 \$	STREET	ADDRESS .				
CITY ST-ZIP	TREASURE ISLAND FL		1.4 (	CITY-ST	- ZIP				
TIBLE	S	☐ D€LETE	2 1	TITLE				☐ Change	Addition
NAME	Buehler, Judith L		2.2 N	NAME					
STREET ADERESS	15 MARINA TERRACE		238	STREET A	ADDRESS				
CITY ST ZIF	TREASURE ISLAND FL				<b>I</b>				
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		DELETE	3 11		-7iP			☐ Change	Addition
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STREET ADDRESS CITY: ST. ZIP THEE		☐ DELETE	3 11 3.2 N 3.3 S	TITLE NAME STREET I	ADDRESS	F:00001			
STREET ADDRESS			3 11 3.2 N 3.3 S 34 C	TITLE NAME STREET A DITY-ST TITLE	ADDRESS	6:00001 -03/18/961			
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4. To a newsy certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 18 of changed, op on an attackyment with an address.

SIGNATURE:

TAME OF SIGNING OFFICER OR DIRECTOR

17-96

8/3:573-4467 Daytimo Phone