SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

•	199	96

DOCUMENT #

524906

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OLU	DIVIE	AUIU	EKDIO.	HMC

Principal Place	of Busness	Mailing Address	n			
PALM CITY AUTO 952 39TH CT 3215 SW MAPP RD WEST PALM BEACH FL 33407-4016 PALM CITY FL 34990 US US						
				 Date Incorporated or Qualified 02/01/1977 	3a. Date of Last Report 08/08/1995	
21	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1755406	Applied For Not Applicable
Suite, Apt #		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp 24	Country 25	Z ip 30	Country	/	8. This corporation has liability for Florida Statutes	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	
	NOLD, EDWARD		81	Name		
	2 39TH CT IST PALM BEACH, FL		62	Street Add	iress (P.O. Box Number is Not Acceptat	ble)
			83	· · · · · · · · · · · · · · · · · · ·		
			84	Crty		FL 85 Zip Gode
OHIGO OF TO	o the provisions of Sections 607.05 egistered agent, or both, in the State n familiar with, and accept the oblig	: Ol Franca, auch change was allin	arana ny	ine coroorat	poration submits this statement for the p ion's board of directors. I hereby accep	
	Signature: Typed or printed name of registered ag			nt signature requ	red when revistaling)	CAIF
12.	PD OFFICERS AF	VD DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	
NAME	ARNOLD, EDWARD	C Detrie	1 2 NAME			Change Addition
STREET ADDRESS	952 39TH CT		13STREET	ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000)	14 C(TY - S	T - Ztf?		
TITLE		DELETE	21 TillE			Change Addition
NAME			2.5 NAME			
STREET ADDRESS			23 STREET			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - 5 3 1 TIFLE	ST - ZIP		
NAME		C VIII.	3 2 NAME			Change Addition
STREET ADORESS			3 3 STREET	ADDRESS		
CITY-ST-2IF			3.4 CITY - 9			
TITLE		DELETE	4 1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STHEET	ADDRESS		
CITY-ST-ZIP TITLE		Printe	44 CITY - S	1-21P		
NAME		☐ DELETE	5 1 TITLE			Change Addition
STREET ADDRESS			5 2 NAME	*DODECC		,
DITY-ST-ZIP			5 3 STREET			
TITLE		DELETE	54 Cily ·S 61 TiTLE	1.71		Change Addition
NAME		₽ ** * *	6.2 NAME			Last Grangs [1] Middigu
STREET ADDRESS			63STREFT	ADDRESS		
CITY-ST-ZIP			6 4 CITY - S	1 - ZIP	lify for the exemption stated in Section 1	

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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SOLARY HOW D

OFFICER OR DIRECTOR

Date

SIGNATURE: