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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 536732

(1)

1. Corporation Name:

C.R. AUTO SALES, INC.

Principal Place of Business

1819 N. DIXIE HWY.  
LAKE WORTH FL 33480

Mailing Address

1819 N. DIXIE HWY.  
LAKE WORTH FL 33480-6558

3. Date Incorporated or Qualified  
06/02/1977

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 1616 N. Florida Mango

Suite, Apt. #, etc. Rd.

22 C-6

City & State

23 W. Palm Beach, FL

Zip

24 33409

Country

25 USA

2a. Mailing Address

26 1616 N. Florida Mango

Suite, Apt. #, etc. Rd.

27 C-6

City & State

28 W. Palm Beach, FL

Zip

29 33409

Country

30 USA

4. FEI Number

59-1746772

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CUSENZA, CASPER  
2429 GABRIEL LANE  
W. PALM BEACH FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CUSENZA, CASPER  
STREET ADDRESS 2429 GABRIEL LANE  
CITY-ST-ZIP W. PALM BEACH FL

TITLE V  
NAME CUSENZA, MARY ANN  
STREET ADDRESS 2429 GABRIEL LANE  
CITY-ST-ZIP W. PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Casper Cusenza Pres 4-24-97 561 6156800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0327505

CR2E034 (9/96)