## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

| DOCUN<br>1. Corporation                         | MENT # 59243  | 9 (4)  |  |  |  |
|---|---|--|--|--|--|
| •   | PEAN AUTO, INC.   |  |  |  |  |
|   |   |  |  |  |  |
| Principal Place                                 | of Business   | Mailing Address  |  |  | 8100 0180 CIRN DIQU 4100 IRDI                        |
| 525 FOREST HILL BOULEVARD 525 FOREST HILL BOULE |   |  | EVARD  |  |  |
| WEST PALM                                       | BEACH FL 33405  | WEST PALM BEACH FL   | 33405  |  |  |
|   |   |  |  | 3. Date Incorporated or Qualified 3a. [ 11/06/1978   | Date of Last Report 04/14/1995                       |
| 2. Principal Pla                                | ace of Business   | 2a. Mailing Address  |  | 4. FEI Number<br>59-1970000  | Applied For  |
| Suite, Apt. #                                   | #. etc.   | Suite, Apt. #, etc.  |  |  | Not Applicable \$8.75 Additional                     |
| 22  |   | 27   |  | 5. Certificate of Status Desired   | Fee Required   |
| City & State                                    | ;   | City & State   |  | 6. Election Campaign Financing   | \$5.00 May Be  |
| 23  |   | 28   |  | Trust Fund Contribution  | Added to Fees  |
| Zip<br>24]                                      | Country 25  | Zip<br><b>29</b>   | Country<br>30                                    | 8. This corporation has liability for intangible Florida Statutes Yes No                                   |  |
| 34]   | 9. Name and Address of Curre  |  | 1301   | 10. Name and Address of New Register   |  |
| 81 Name / Marie                                 |   |  |  |  |  |
| JORDANO, FRAN                                   |   |  |  | Address (P.G. Box Number is Not Acceptable)  |  |
| 6101 WEBSTER AVE                                |   |  | 270  | 12 Krums Cons  |  |
| W PALM  | BCH FL 33405  |  | 83   |  |  |
|   |   |  | 84 City,   | 0.1 0.11   | 85 Zie Code  |
| 11 Pursuant to                                  | o the provisions of Sections 607 050  | 2 and 607 1508. Florida Statutes                                       | the above named co                               | PAIM BAILED F rporation submits this statement for the purpose of  |  |
| or registere                                    | ed agent, or both, in the State of Flor<br>by and accept the obligations of Sec | ida. Such change was authorized  | by the corporation's I                           | board of directors. I hereby accept the appointment  | as registered agent. I am                            |
| SIGNATURE                                       |   | Patsy A. Mercer  |  |  | 2/13/94  |
|   | Signature, typed or printed name of registered agen                             | it and title l'appricable (NOTE  | Begistered Agent's griature re                   | quired when renstating) DATI   | 5/13/10  |
| 12.   | OFFICERS AN   | ID DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFICERS A  |  |
| TITLE<br>NAME                                   | JORDANO, LAWRENCE J.,JF   | DELÉTE   | 1. 1 TITLE                                       |  | Change Addition                                      |
| STREET ADDRESS                                  | -5204-9: DIXIE HWY  | •  | 1.2 NAME<br>1.3 STREET ADDRESS                   | CAS FOREST HILL BLUD   |  |
| CITY-ST-ZIP                                     | 525 FOREST HILL BLVD.   |  | 1.4 C/TY-ST-7iP                                  | SAS FOREST HILL Blub<br>Wast PAlm Brack Fl.  | 33405  |
| TITLE   |   | DELETE   | 2 1 TOLE   | 7777   | ☐ Change ☐ Addition                                  |
| NAME  |   |  | 2.2 NAME   |  |  |
| STREET ADDRESS                                  |   |  | 2 3 STREET ADDRESS                               |  |  |
| City-St-Zip                                     |   |  | 2 4 CHTY - ST - 7IP                              |  |  |
| TITLE   |   | ☐ DELETE   | 3. 1 TITLE                                       |  | Change  Addition                                     |
| NAME  |   |  | 3 2 NAME   |  |  |
| STREET ADDRESS CHTY-ST-ZIP                      |   |  | 3.3 STREET ADDRESS                               |  |  |
| TITLE   |   | ☐ DELETE   | 3 4 CITY - S1 - ZIP<br>4. 1 TITLE                |  | Change Addition                                      |
| NAME  |   |  | 4.2 NAME   |  |  |
| STREET ADDRESS                                  |   |  | 4.3 STREET ADDRESS                               |  |  |
| CITY - ST - ZIP                                 |   |  | 4.4 CITY - ST - ZIP                              |  |  |
| TITLE   |   | ☐ DELETE   | 5 1 TITLE  |  | Change Addition                                      |
| NAME  |   |  | 5.2 NAME   |  |  |
| STREET ADDRESS                                  |   |  | 5.3 STREET ADDRESS                               |  |  |
| CITY-ST-ZIP<br>TITLE                            |   | DELETE   | 5 4 CITY - \$1 - ZIF*  6 1 TITLE                 |  | Change Addition                                      |
| NAME  |   | Приси  | 62 NAME  |  | The custing National                                 |
| STREET ADORESS                                  |   |  | 63 STREET ALIDRESS                               |  |  |
| CITY-ST-ZIP                                     |   |  | 6.4 C/TY - ST - Z/P                              |  |  |
| 14. I do hereby                                 |   |  | hed and does not qual                            | ify for the exemption stated in Section 119.07(3)(k),  |  |
| oath; that I                                    | an an officer or director of the corp   | uai report or supplemental annua<br>Oration or the receiver or trustee | e report is true and acc<br>empowered to execute | curate and that my signature shall have the same le<br>this report as required by Chapter 607. Florida Sta | ga: enect as it made Under litutes; and that my name |

appears in Block 12 or Block 13 if changed, or on a attachment with an address.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR