FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 593992

(1)

Mailing Address

PALM AUTO BROKERS, INC.

FILED Apr 11 1997 8:00am Secretary of State



1501 NORTH STATE ROAD 7 HOLLYWOOD FL 33021			1501 NORTH STATE ROAD 7 HOLLYWOOD FL 33021-4504				
					3. Date Incorporated or Qualified 11/21/1978	3a. Date of La 04/08/19	
· · · · · ·	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
Suite, Apt	# ote	Suite, Apt #, etc.			59-2444313		Not Applicable 75 Additional
22	п, Ск.	27			5. Certificate of Status Desired	1 1 7	ee Required
City & Stat 23	6	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
<i>Ζ</i> (ρ)	Country 25	Z _i p	30	ntry	This corporation has tiability for in Florida Statutes	ntangible tax und] Yes □ No	der s. 199.032,
	9. Name and Address of	··- · · · · · · · · · · · · · · · · · ·	1001		10. Name and Address of New Re		
LOP	HCCOLO, JOSEPH			61 Name			
	0 SOUTH STATE ROAD 7 LAUDERDALE FL 33314			82 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)	
				83			
 				84 City		FL 85	Zip Code
11. Porspant	to the provisions of Sections 6	07.0502 and 607.1508. Florida Statut	es the a	pove-named c	orporation submits this statement for the p		ing its registered
office or r	registered agent, or both, in the	e State of Florida. Such change was a obligations of Section 607.0505, Florida.	authorize	d by the corpo	ration's board of directors. I hereby accep	it the appointmen	nt as registered
SIGNATURE	an ignimal selos code discope in	o obligations of occion occionate	0,164 014	ataa.			
SIGNATIONE	Signature: typed or production control of regis	tered agent and title if applicable (NOT	L: Registere	d Agent signature re	equired when reinstating)	DATE	
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PVT	DELETE	111	TLE		Cha	ange 🔲 Addition
NAME	LOPICCOLO, JOSEPH	10.3	1.2 N	\M£			
STREET ACCRESS	5030 SOUTH STATE RO	AU 7	1.3 \$1	REET ADDRESS			
City - St - Zift	FT. LAUDERDALE FL	Flowers		TY-ST-ZIP	And the second s		
THE		DELETE	2.1 11	!		[] Cha	ange Addition
NAM:			2.2 N	ł			
STREET ADDRESS			L	REET ADDRESS			
CHY-S1-ZIP		DELETE	2. 4 C 3.1 Ti	ITY-ST-ZIP		☐ Cha	ange Addition
NAMI		La Delle	3.1 II			L., 0116	wife
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIF				ITY-ST-ZIP			
THE		DELETE	4.1 7(Cha	ange
NAMÉ			4.21				
STHEET ADDRESS			1	REET ADDRESS			
CHY-ST-7IP			4.4 0	TY-ST-ZIP			
THUE		DELETE	5.1 TI	TLE		Cha	ange Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	IREET ADDRESS			
CITY ST Zi			5.4 C	TY-ST-ZIP		······	
Till!		DELETE	6 1 T	TLE		☐ Cha	ange Addition
MAME			6.2 N	AME			
STREET ADDRESS			638	TREET ADDRESS			
C(TY+ST-Z)P			6.4 C	TY-ST-ZIP			

14. If 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 of 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 schanged for on an attachment with an address.

SIGNATURE:

NATURE AND UPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/979549811121