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

CITY-ST-ZIF

SIGNATURE: Jan Stolefall

Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 597317 (7) S AND G AUTOMOTIVE WAREHOUSE, INC. Principal Place of Business Mailing Address 19 NORTH WESTMORELAND ST 19 NORTH WESTMORELAND ST ORLANDO FL 32805 ORLANDO FL 32805 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/14/1978 2. Principal Place of Business 2a. Mailing Address Applied For 59-1869217 Not Applicable 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDFARB, LARRY 19 N. WESTMORELAND 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 83 84 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 fantation with, and accept the objection 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DETETE Change Addition TITLE 11 TITLE GOLDFARB, GARRY NAME 1.2 NAME 8624 OTTERCREEK CT STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE GOLDFARB, LARRY NAME 2.2 NAME 5301 JADE CR STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DLLFTE Change Addition TITLE 5.1 THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET AODRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

14. I 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 suppliemental 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.

LARRY GOLDFARB

FILED

407-841-7400