FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 625688 (7) COUNTY LINE SELECT CARS, INC. Principal Place of Business Mailing Address 3040 N.W. GAINESVILLE RD 3040 N.W. GAINESVILLE RD OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt #, etc. Suite, Apt. #, etc. 27 City & State City & State 23 28 Žip Country 24 29 30 25 9. Name and Address of Current Registered Agent 81 Name ALONGO EDANOGOO

FILED Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

05/31/1979

59-1919231

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Feb 26 1998 8:00am

3040 N.W GAINESVILLE RD. OCALA FL 34470			- 1 :			
			82	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City	85 Zip Code	
			L		FL [8] 2p code	
11. Pursuant I office or re agent. I a	io the provisions of Sections 607.0502 and 607.1 agistered agent, or both, in the State of Florida. S In familiar with, and accept the obligations of, Se	508, Florida Statutes, tl Such change was autho ction 607.0505, Florida	ne above prized by Statutes	-named the corp :	d corporation submits this statement for the purpose of changing its regist reporation's board of directors. I hereby accept the appointment as regist	stered ered
SIGNATURE	Signature, typed or printed name of registered agent and tine if app	licable (NOTE Reg	istered Age	n) signature	re required when reinstating) DATE	
12.	OFFICERS AND DIRECTOR	RS	13.	·····	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
TITLE	P	DELETE	1.1 TITLE		Change 🛣	Addition
NAME	ALONSO, ARMANDO		1.2 NAME			
STREET ADDRESS	3040 N.W. GAINESVILLE RD.	•		ADDRESS		
CITY-ST-ZIP	OCALA FL	-		T-ZIP	34470	
TITLE	V		2.1 TITLE			Addition
NAME	ALONSO, FRANCISCO		2 2 NAME			
STREET ADDRESS	3040 N.W. GAINESVILLE RD		2 3 STREET	ADDRESS		
CITY-ST-ZIP	OCALA FL		2 4 CITY-5	T-ZIP	34470	
TITLE		DELETE	3 1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - 9	T-ZIP		
TITLE		DELETE	4.1 TATLE		Change .	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET	address		
CITY-ST-ZIP			4.4 City-S	T-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ A	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME		1	62 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY+ST-ZIP			64 City-S	T-71P		

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 armual 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 changot, or on an attachment with an address.

They VA