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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # FU5630 1. Corporation Name KEYSTONE AUTO SALES, INC. Principal Place of Business Mailing Address C/O JERRY HASBROUCK 7304 N. NEBRASKA AV. TAMPA, FLL 33604 (1) Mailing Address C/O JERRY HASBROUCK 7304 N. NEBRASKA AV. TAMPA, FLL 33604					3. Date incorporated or Qualified 3a. Date of Last Report				
2. Principal P	lace of Business		5.4-11' - 5.44			·	10/30/1980	05/01/1	
21		2a. 26	2a. Mailing Address 26				F0.224E040		Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional
City & Stat	e	,	City & State	···			6. Election Campaign Financing	Fe	e Required O May Be
23 Zip	Country	/ 28	Z _I p	I	Country	·	Trust Fund Contribution	Ad	ded to Fees
24	25		30 Florida Statutes D Va				8. This corporation has liability for intan		s 199.032,
	9. Name and Addre	ss of Current Regist	ered Agent				10. Name and Address of New Regis	tered Agent	
HACDDO	MICH IPPOV				81	Name			
7304 NE	DUCK, JERRY EBRASKA AVENUE				82 Street Addr		dress (P.O. Box Number is Not Acceptable)		
	FLL 33604				83				
					84	City			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboor registered agent, or both, in the State of Florida, Such change was authorized by the chamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					1 - 1				Zip Code
or register familiar wi	red agent, or both, in the th. and accept the oblination	State of Florida, Such tions of Section 607.0	. 1506, Florida Stat Change was autho 1506, Florida Statut	utes, the rized by t	above-r he corp	named corp pration's be	oration submits this statement for the purpose and of directors. Thereby accept the appointm	of changing its ent as register	s registered office ed agent. I am
SIGNATURE				es.				_	J
12,	Signature, typed or printed name of					t signature requi		DATE	
TITLE	PD	FFICERS AND DIRECT	ORS		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	FORS IN 12
NAME	HASBROUCK, JER	RY	["] DEFE IE		. 1 TITLE			Change	Addition
STREET ADDRESS	4101 STARFISH LA				.2 NAME				
CITY-ST-ZIP	TAMPA FL	··-			3 STREET				
TITLE	VP		DELETE		4 CITY-S	1 - ZIP			F7 44 F8
NAME	HASBROUCK, PAT		_	- 1	2 NAME			☐ Change	Addition
STREET ADDRESS	4101 STARFISH LA	NE		2	3 STREET.	ADDRESS			
City-St-zip	TAMPA FL			. 2	4 04[Y-S]	- ZIP			
TITLE			DELETE	3	1 TITLE			☐ Change	Addition
NAME CIRCL ADDRESS				3	2 NAME				
STREET ADDRESS				3	3 STREET	ADDRESS			i
CHY-ST-ZIP TITLE			DELETE		4 CITY-ST	- ZIP			
			LI pettit	4	1 little			Change	Addition
NAME									
NAME STREET ADDRESS					2 NAME				
NAME STREET ADDRESS CITY-ST-ZIP				4.	3 STREET A	1			
STREET ADDRESS			DELETE	4.	3 STREET / 4 CHY-ST	1		Change	C) Addison
STREET ADDRESS CITY-ST-ZIP			DELETE	4.	3 STREET A	1		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIF TITLE			☐ DELETE	4. 4. 5	3 STREET / 4 CHY - ST 1 TITLE	- ZIP		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				4. 4. 5 5	3 STREET / 4 CHY - ST 1 TITLE 2 NAME	- ZIP DDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DETELE	4. 4. 5. 5. 5.	3 STREET A 4 CITY - ST 1 TITLE 2 NAME 3 STREET A	- ZIP DDRESS		☐ Change	Addition
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME				4. 4. 5 5 5 5	3 STREET A 4 CITY - ST 1 TITLE 2 NAME 3 STREET A 4 CITY - ST	- ZIP DDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				4. 4. 5 5 5 5 6 6	3 STREET / 4 CITY - ST 1 TITLE 2 NAME 3 STREET / 4 CITY - ST 1 TITLE	- ZIP DDRESS - ZIP			

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 appears in Block 12 or Block 13 if changed, or of an attachment with an address. MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HAS BOOKER 4/29/96

SIGNATURE:

237-0780