FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # USED CAR WORLD, INC. Mailing Address Principal Place of Business PO BOX 410516 1816 AURORA RD MELBOURNE FL 32941 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/07/1981 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 874 EAU GAILIE BIVD SAME 59-2130537 Not Applicable \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required Suite \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution Melbourne 23 28 Zφ Country 8. This corporation owes or has paid the current year Intangible Country BRWARd ✓ Yes ☐ No Personal Property Tax due June 30. 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name vontaige, richard 1816 EAU GALLIE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) PO BOX 410516 83 MELBOURNE FL 32935 84 Zip Code 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ___ Addition TSPV DELETE 1.1 TITLE TITLE **VONTALGEL, RICHARD** 1.2 NAME NAME **874 EAU GALLIE BLVD** 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP ... Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE

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 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 treatons employed to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a rattaching with an address.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

Change

Addition

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP