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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # F58173

(8)

Mailing Address

BUCARO'S AUTO SALES, INC.

220 ALT 19 PALM HARBOR FL 34883 F-US		820 ALT 19 PALM HARBOR FL 34683 US		DO NOT WRITE IN THIS SPACE		
<i>j</i>					3. Date Incorporated or Qualified 12/11/1981	
O Dringing! D	lace of Business	2a. Mailing Address			12/11/1801 4. FEI Number	Applied For
	lace of pusiness	├ ─ ~			-	Not Applicable
Outo Ant	# oto	Suite, Apt. #, etc			59-2201536	\$8.75 Additional
Suite, Apt. #, etc.		⊢	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
		28			Trust Fund Contribution	
Zip	Country	Zφ	Cou	intry	8. This corporation owes or has paid th	e current year Intangible
-4	25	29	30		Personal Property Tax due June 30.	XX Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	ored Agent
BU	CARO, JOE			81 Name		
820 ALT 19 PALM HARBOR FL 34683				82 Street	Address (P.O. Box Number is Not Acceptable)	
				63		
				B4 City	*	FL 85 Zip Code
-32 5		00 4007 4500 51 11 0				· — , ,
office or r agent. I a	egistered agent, or both in the State im familiar with, and accept the oblig	e of Florida. Such change values of, Section 607.050	was authorize 5, Florida Staj	d by the cor	corporation submits this statement for the purpoporation's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	- Vode / De	ent and little if applicable	a	uces		42178
12.		ID DIRECTORS	13.	u Agorii e-griature	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	A 1	☐ DELETE	1.1 TJ	TLE		☐ Change ☐ Addition
NAME C	BUCARO, JOSEPH		1.2 N/	AME		
STREET ADDRESS	2308 HAWTHORNE DRIVE		1.3 \$1	reet address		•
CITY-ST-ZIP	CLEARWATER FL		1.4 C	TY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TI	TLE		Change Addition
NAME	BUCARO, RENATE		2.2 N	AME	•	
STREET ADDRESS	2308 HAWTHORNE DRIVE		2.3 \$1	reet address		
CITY-ST-ZIP	CLEARWATER FL		2.40	ITY-ST-ZIP		
TITLE		☐ DELETE	3.1 T/	TLE		Change Addition
NAME			3 2 N/	AME		
STREET ADDRESS			3 3 51	REET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME	*		4.2 N	AME		
STREET ADDRESS			4.3 ST	reet address		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	5.1 TE	TLE		Change Addition
NAME		,	5.2 N/	AME		
STREET ADDRESS			5.3 \$1	reet address		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	6.1 10	TLE	1	Change Addition

MATURE. TO A DATE OF THE BUCARO DESCENDENT

4. 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

.

FILED

May 06 1998 8:00an

Secretary of State