CILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F92000000805 (3)

AMITY AUTO PLAZA, LTD., INC.

Mailing Address

FILED Apr 15 1996 8:00 am Secretary of State



2. Principal Place of Business 28. Mailing Add		645 SOUTH MILITAR WEST PALM BEACH	Y TRAIL. SUITE 6 FL 33415	A AMERICAN CONTRACTOR OF THE ORDER OF SELECT SERVER SELECT		
		2a. Mailing Address		3. Date incorporated or Qualified 3a. Date of Last Report 12/22/1992 02/14/1995		
21		26		4. FEI Number	——————————————————————————————————————	Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		11-2940031		Not Applicable
City & Sta		27		5. Certificate of Status Desired	≥ \$6	3.75 Additional
23	ile	City & State		6. Election Campaign Financing		Fee Required
Zip	Country	28		Trust Fund Contribution	<u> </u>	5.00 May Be
24	Country 25	Zφ	Country	8. This corporation has liability for		dded to Fees
	9. Name and Address of Curre	29	30	Florida Statutes X Yes	лиалдюю tax und 5 ПNo	ers 199.032,
· · · · · · · · · · · · · · · · · · ·		nt negistered Agent		10. Name and Address of New I	Registered Agen	
THOMP:	SON, DOUGLAS E		81 Name			
645 SO	UTH MILITARY TRAIL, SUITE 6		82 Street Add	dress (P.O. Box Number is Not Acceptat	da)	
WEST P	PALM BEACH FL 33415		<u> </u>		JIE)	
	VIEW DEMO(1 E 33413		83			
			84 City			
11. Pursuant	to the provisions of Sections 607.050	2 and 603 4500 5	,		F) 85	Zip Code
or register	red agent, or both, in the State of Flori	z and 607.1508, Florida Statut ida. Such change was authori:	tes, the above-named corpored by the corporate	ration submits this statement for the pur and of directors. I hereby accept the appropriate	DOSE of changing	to registered att
	in, and accept the obligations of Sec	tion 607.0505, Florida Statutes	s.	ration submits this statement for the pur ard of directors. I hereby accept the appo	pintment as registe	red agent. Lam
	Signature, typed or printed name of registered agent	Dougl	as E. Thompson		04/04/96	
12.	OFFICERS AN	I and title if applicable (NO ID DIRECTORS	as E. Thompson DIE Registered Agent signature require	od when remstatings	DATE DATE	
TITLE	CP	DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
NAME	Staluppi, John	L_I DELETE	1. 1 THLE		☐ Chan	
STREET ADDRESS	551 SOUTH MILITARY TRAIL		1.2 NAME			
017Y-ST-ZIP	WEST PALM BEACH FL 3341	F	1.3 STREET ADDRESS			
IILE	S	DELETE	1.4 CrTY - ST - ZrP			
IAME	STALUPPI, JEANETTE	☐ pereie	2 1 TITLE		Chang	e 🔲 Addition
TREET ADDRESS	551 SOUTH MILITARY TRAIL		2 2 NAME			
ITY-ST-ZIP	WEST PALM BEACH FL 3341	E	2 3 STREET ADDRESS			
TLF	TOTAL DESCRIPTE 3341:	DELETE	24 City-St-ZiP			
AME		T necest	3 TITLE		☐ Chang	Addition
RÉET ADDRESS			3.2 NAME		_ ,	
TY-ST-ZIP			33 STREET ADDRESS			1
TLE		DELETE	3 4 CITY-ST-7/P]
AME			4. 1 TITLE		Change	Addition
HEET ADDRESS			4.2 NAME			
Y - \$1 - ZIP			4.3 STREET ADDRESS			
LE		DELETE	4.4 CITY-ST-7IP			
MÉ			5 1 TITLE		☐ Change	Addition
HEET ADDRESS			5.2 NAME			
Y-ST-ZIP			5.3 STREET ADDRESS			1
LF T		DELFTE	5.4 CITY - ST - 7IP			
ΛE		[] DETE IS	6 1 TITLE		☐ Change	Addition
EET ADDRESS			62 NAME			
(-SI-ZIP			6 3 STREET ADDRESS			}
	pertry that the information supplied with a information indicated on this annual in an officer or director of the corrections.					

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 signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Staluppi, President 04/04/96 (407) 683-7100