

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000499 (3)

1. Corporation Name

WESTERN MASS AUTO BROKERS, INC.



Principal Place of Business

Mailing Address

12960 MARSH LANDING
PALM BEACH GARDENS FL 33418

12960 MARSH LANDING
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

31 Suite, Apt #, etc.

32 City & State

33 Zip Country

34 Zip Country

35 Zip Country

36 Suite, Apt #, etc.

37 City & State

38 Zip Country

39 Zip Country

40 Zip Country

41 Suite, Apt #, etc.

42 City & State

43 Zip Country

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46 Suite, Apt #, etc.

47 City & State

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51 Suite, Apt #, etc.

52 City & State

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56 Suite, Apt #, etc.

57 City & State

58 Zip Country

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60 Zip Country

61 Suite, Apt #, etc.

62 City & State

63 Zip Country

64 Zip Country

65 Zip Country

66 Suite, Apt #, etc.

67 City & State

68 Zip Country

4. FEI Number

04-2654611

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANAGNOS, JERRY C
12960 MARSH LANDING
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LAVIGNE, ROEBRT J
STREET ADDRESS 56 GARLAND ST
CITY- ST- ZIP CHICOPEE MA ☐ DELETE

TITLE T
NAME ANAGNOS, JERRY C
STREET ADDRESS 12960 MARSH LANDING
CITY- ST- ZIP PALM BEACH GARDENS FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

600001914086
-08/06/96--01121--029
***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY C. ANAGNOS

7-30-96

407 622 9944

Date

Daytime Phone #

CR2E034 (3/96)