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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500003940 (2)

NORTH FLORIDA MOTOR SALES, INC.

Principal Place of Business Mailing Address 100 NW 12TH AVE. 100 NW 12TH AVE. DEERFIELD BEACH FL 33442-1702 DEERFIELD BEACH FL 33442 2. Principal Place of Business 2a. Mailing Address 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Country Zip Country Zip 30 24 25 29 g. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Addres **PLANTATION FL 33324** 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation 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 tille if applicable. (NO1E: Registered Agent signature required OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE POLLOCK, DON 1.2 NAME NAME 100 NW 12TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 1(fLE **DULCES. AL** NAME 22 NAME **6130 N PENSACOLA BLVD** 2.8 STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DÉLÉTÉ ST TITLE 3 1 1III F KULNICHM KAREN NAME 3.2 NAME 6130 N PENSACOLA BLVD 3 8 STREET ADDRESS STREET ADDRESS PENSACOLA FL 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE 41 TITLE TITLE PAUL, PAT 4. 2 NAME STREET ADDRESS 100 NW 12TH AVENUE 4.8 STREET ADDRESS DEERFIELD BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE. 5.1 TITLE TITLE **SCOTT, PEARLETTER** NAME 5.2 NAME 100 NW 12TH AVENUE STREET ADDRESS 5.8 STREET ADDRESS DEERFIELD BEACH FL CHTY-ST-ZIP 5.4 CITY - ST- ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.8 STREET ADDRESS

14. I do 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 scrools and that my significant shall have the same legal effect as if made under I am an officer or director of the corporation or the receiver or trustee empowers the exemption of the corporation or the receiver or trustee empowers the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificates in Section 119.07(3)(iii), Florida Statutes. I further certificates in Section 119.07(3)(iii), Florida Statutes. I further certificates in Section 119.07(3)(iii), Florida Statutes in Section 119.07(3)(iii), Flori

**FILED** May 05 1997 8:00am Secretary of State

3.	Date Incorporated or Qualified 08/15/1995	3a. Da 08/	ite of <b>06/</b> 1			oort		
4.	FEI Number 65-0593951						For dicab	حاد
5.	Certificate of Status Desired			3. <b>75</b> Fee	A	dditi	onal	
6.	Election Campaign Financing Trust Fund Contribution		\$	5.0 Adde	0 1	/lay	Ве	
8.	This corporation has liability for in	ntangible Yes [		nder				
10.	Name and Address of New Reg	gistered	Agen	t				
s (P	O. Box Number is Not Acceptab	le)						
	n submits this statement for the p poard of directors. I hereby accep		85 char cintr			ode reg egis	stere lered	d
when	n submits this statement for the p poard of directors. I hereby accep renstating) ADDITIONS/CHANGES TO OFFIC	urpose of the app	f char cointr	nging nerit	its as re	reg egis		_
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De and that my signature shall have the same legal effect as if made under oath; that the report is considered by Chapter 607, Florida Statutes; and that my name

1-954-429-2217

M4-22-97