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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000363

AUTO DIRECT, INC.

								FB(:) BB: 48		
Principal Place	of Business	Mailing Address						•====		
1 BOCA PLACE		1 BOCA PLACE/2255	GLADES RD							
2255 GLADES RD #324-A BOCA RATON FL 33431		324-A BOCA RATON FL 33431 US			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				
		•				01/22/19				
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numbe			A	Applied For
21		26				83-0310	087		N	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E Cortificate o	of Status Desired			Additional
22		27				5. Certificate (Fee F	Required
City & State	e	City & State					ampaign Financing	3 🗆		May Be
23		28			<u> </u>		Contribution			d to Fees
Zip	Country	Zip	Cour	ntry			ration owes the cu	ırrent year I		□No
24	25	29	30				roperty Tax.	. Dogietero	Yes	LJNO ,
	9. Name and Address of Curr	ent Registered Agent		94 .		10. Name and	Address of New	Registere	a Agent	
T110	MOON BUI	,		81 1	łame					,
	MPSON, BILL			82 5	Street Addre	ress (P.O. Box Nu	mber is Not Accer	otable)		
	GLADES RD., #324-A					1 1	<u> </u>	e 26 6 3 1	rana e e e e .	
BOC	A RATON FL 33431			83		, ": ; ; ;	进入机 散级图			
				84 (City		100		85 Zij	o Code
							<u></u>	<u> </u>		
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the State	502 and 607.1508, Florida S	tatutes, the at	ove-n	amed corp	oration submits th	is statement for th	ne purpose ent the and	of changing i	its registered reaistered
office or n	egistered agent, or both, in the Stater in familiar with, and accept the obli	te of Florida. Such change w gations of, Section 607.0505	, Florida Statu	ites.	COIPOIAGO	on a board or direc	Acros Friciday acc	opt mo app		
SIGNATURE		-								,
I SIGNATURE										
0.07	Signature, typed or printed name of registered a	gent and title if applicable.	NOTE: Registered	Agent sig	nature required	d when reinstating)		DATE		
12.		AND DIRECTORS	13.		gnature required		/CHANGES TO C			
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12.	OFFICERS A	AND DIRECTORS	13.	LE	gnature requires					
12.	OFFICERS /	AND DIRECTORS	13. E 1.1 TIT 1.2 NA	LE						
12. TITLE NAME	P WARNER, AL	AND DIRECTORS	13. E 1.1 TIT 1.2 NA 1.3 ST 1.4 CR	LE ME	DRESS				☐ Chang	e Addition
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SIGNATURE: _

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 frue 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 on the elegacy of the corporation of the elegacy or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or primal attactment with an address, with all other like empowered.

01/27/99

FILED

Feb 18, 1999 8:00am

Secretary of State

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