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

Mailing Address

110 SE 6TH ST. 20TH FLOOR

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800005441

1. Corporation Name

Principal Place of Business 110 SE 6TH ST. 20TH FLOOR

AUTONATION RECEIVABLES FUNDING CORP.

FT LAUDERDALE FL 33301		FT LAUDERDA	FI LAUDERDALE FE 33301			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						09/29/1998
2. Principal F	Place of Business	2a. Mailing A	Address			4. FEI Number Applied For
21		26				Not Applicable
Suite, Apt.	. #, etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired
City & Sta	te	City & St	tate			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		This corporation owes the current year Intangible
24	25	29	30	0		Personal Property Tax. X Yes □ No
	9. Name and Address of Curr	ent Registered Age	ent			10. Name and Address of New Registered Agent
				81	Name	
C T CORPORATION SYSTEM			82	Street	Address (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD						
PLA	INTATION FL 33324			83		
				84	City	85 Zip Code
					,	FL S 25 COUC
11. Pursuant	t to the provisions of Sections 607.0	502 and 607.1508, f	Florida Statutes,	the above	e-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or	registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida. Such d gations of, Section f	nange was aum 307.0505, Florid	a Statutes	tile corp	oration's board of directors. Thereby accept the appearance as registered
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable.	(NOTE: Re	egistered Ager	nt signature	required when reinstating) DATE
12.	OFFICERS /	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	l	DELETE	1.1 TITLE		
NAME	COLE, JAMES O			1.2 NAME		
STREET ADDRESS		R		1.3 STREE	T ADDRESS	·
CITY-ST-ZIP	FT LAUDERDALE FL 33301			1.4 CITY-S	T-ZIP	
TITLE	PD DELETE 2		2.1 TITLE		☐ Change ☐ Addition	
NAME	HYLE, KATHLEEN W			2.2 NAME		
STREET ADDRESS	ADDRESS 200 S. ANDREWS AVE, 11TH FLOOR		2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE	D		DELETE	3.1 TITLE		V Change Addition
NAME	D	١	Derese	J.1 11162		D, VP LYI Change D Addition
i	SORENSEN, PETER	\	_ DELETE	3.2 NAME		D, V1
STREET ADDRESS	SORENSEN, PETER	!	_ vereie	3.2 NAME	T ADDRESS	
STREET ADDRESS CITY-ST-ZIP	SORENSEN, PETER			3.2 NAME		D, VI
	SORENSEN, PETER 2 WALL ST		DELETE	3.2 NAME 3.3 STREE		□ Change □ Addition
CITY-ST-ZIP	SORENSEN, PETER 2 WALL ST NEW YORK NY 10005			3.2 NAME 3.3 STREE 3.4. CITY-5		D, VI
CITY-ST-ZIP TITLE	SORENSEN, PETER 2 WALL ST NEW YORK NY 10005 V BOESE, JENNIFER L	·		3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	SORENSEN, PETER 2 WALL ST NEW YORK NY 10005 V BOESE, JENNIFER L 200 S. ANDREWS AVE, 10Th	·		3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME	ST-ZIP T ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	SORENSEN, PETER 2 WALL ST NEW YORK NY 10005 V BOESE, JENNIFER L	1 FLOOR		3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	ST-ZIP T ADDRESS	☐ Change ☐ Addition

CITY-ST-ZIP 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 corporation of the receiver or trustee 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 on an attachment with an address, with a folher like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

WILSON, LELAND F

FT LAUDERDALE FL 33301

200 S. ANDREWS AVE, 10TH FLOOR

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition

**FILED** 

**Secretary of State** 

03-05-1999 90134 009 \*\*\*150.00

Mar 05, 1999 8:00 am