

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G26718** (8)

1. Corporation Name
PASADENA AUTO SALES, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Address: **1420 PASADENA AVENUE, SOUTH
% MITCHELL ROME
PASADENA FL 33707**

Mail Stop Address: **1420 PASADENA AVENUE, SOUTH
% MITCHELL ROME
PASADENA FL 33707**

3. Date Incorporated or Qualified: **03/07/1983** 3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business:
21. Street Address: **281A 21ST AVE NORTH**
26. Mailing Address: **SAME AS BUSINESS**

4. FEI Number: **59-1577674**
Applied For:
Not Applicable:

22. State, Apt. #, etc.: **FL** 27. State, Apt. #, etc.: **FL**

5. Certificate of Status Debited: **\$8.75 Additional Fee Required**

23. City & State: **ST. PETERSBURG FL** 28. City & State: **FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33713** 25. County: **PUELLAS** 29. Zip: **FL** 30. County: **FL**

8. This corporation has liability for intangible tax under § 199.012, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ROME, MITCHELL
1420 PASADENA AVE. SO.
SO. PASADENA FL 33707**

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]* **MITCHELL ROME** PRESIDENT **4/27/95**

12. OFFICERS AND DIRECTORS

OFFICER	ST ROME, HAROLD 1420 PASADENA AVE., SO. PASADENA FL
NAME	PV ROME, MITCHELL L. 1420 PASADENA AVE., SO. PASADENA FL
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N=1)

1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information is complete and correct, and that the corporation is in good standing under the laws of the State of Florida. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **MITCHELL ROME** PRESIDENT **4/27/95 (813) 344-1234**