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

PROFIT CORPORATION ANNUAL REPORT

1997



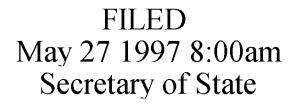
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

DOCUMENT # G70828



H&M AU	TO CENTER INC.					
Principa' Piace	e of Business	Mailing Address			I IMMELLE BRIEF HOOF OOSEN TREIN 1900 LONG	aştır bibir diğil astış bibil bibir ladı
2166 MEARS PKWY. 2166 MEARS PKWY. MARGATE FL 33063-3755 MARGATE FL 33063-3755			j			
					3. Date Incorporated or Qualified	3a. Date of Last Report
					11/21/1983	08/20/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite, Apt	# etc.	Suite, Apt. #, etc.			59-2333951	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be
7	Country	28		into i	Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	Zip 29	30	intry	8. This corporation has flability for in Florida Statutes	intangible tax under s. 199.032. Yes No
	g, Name and Address of Curren		1201		10. Name and Address of New Re	
, LASI	HURE, MARILYN			81 Name		
	PINEWALK DR., S.			82 Street Ac	idress (P.O. Box Number is Not Acceptab	ole)
, MAR	GATE FL 33063			83		
				63		
				84 City		85 Zip Code
11. Pursuant l	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the a	bove-named co	orporation submits this statement for the p	purpose of changing its registered
office or n agent 1 ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, I	s authorize Florida Stal	d by the corpo tutes:	ration's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE						
	Signarure, typed or profiled name of registered age			d Agent Bignature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
12.	OFFICERS ANI	DELETE	13. 1.1 Ti	île l	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	LASHURE, MARILYN	**************************************	1.2 N	Y		
STREET ADDRESS	7354 PINEWALK DR., S.		1.38	TREET ADDRESS		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
0114-81-7/9	MARGATE FL		1.4 0	ITY-ST-ZIP		م ا
T*TLE		☐ DELETÉ	211	í		Change L Addition C
NAME			2.2 N	1		
STREET ADDRESS CHY-ST-ZIP				TREET ADDRESS	.	
TITLE	The state of the s	DELETE	3.1 1			☐ Change ☐ Addition
NAME .			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET ADDRESS)
CITY - \$1 - 7#P		Libritie		TITY-ST-ZIP		Chapse Addition
lift,f		☐ DELETE	4.1 TI 4.2 N			Change Addition
SAME SAME LADORESS				TREET ADDRESS		
CITY-S1-20F			1	ITY-ST-ZIP		
THILE	***************************************	☐ DELETE	5.1 Ti			Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			53S	TREET ADDRESS		
CHY-ST-ZIP		T briese		ITY-ST-ZIP		Change T Addition
Title :		DELETE	6.1 ft			Change Addition
NAME STREET ADDRESS			6.2 N	AME Treet adoress		
STREET ADDRESS CITY-\$1, Zi€				ITY-ST-ZIP		
1 111 - 01 ZIF		at the state of th	010	111 - U1 - E1F	tod in Caption (10 07/2)/i) Florida Ptot to	on I further positive that the

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 supplymental 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 directive for the corporation or the receiver or furustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, further attachment with an address. appears in Block 12

SIGNATURE