

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Candra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 AUG 10 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # H22770 (2)**  
1. Corporation Name  
**BEST BUY AUTO SALES, INC.**

Principal Place of Business Mailing Address  
**5919 15TH STREET EAST BRADENTON FL 34203-3944**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/26/1984** 3a. Date of Last Report **08/01/1994**  
4. FEI Number **59-2459065** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 119.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **6425 15th St.** 26 **6425 15th St E.**  
Buite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 **SARASOTA, FL.** 28 **SARASOTA, FL.**  
City & State City & State  
24 **34243** 25 Country 29 **34243** 30 Country

9. Name and Address of Current Registered Agent  
**CHONG, WILLIAM**  
**5919 15TH ST, EAST**  
**BRADENTON FL 34203**

10. Name and Address of New Registered Agent  
81 Name **William Chong**  
82 Street Address (P.O. Box Number is Not Acceptable) **7527 - Long Bay Blvd.**  
83  
84 City **SARASOTA** FL 85 Zip Code **34243**

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 \_\_\_\_\_ DATE **8-1-95**  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>CHONG, WILLIAM</b>
STREET ADDRESS	<b>5919 15TH ST., E.</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or 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.

SIGNATURE: *W. Chong* DATE: **8-1-95** DAYTIME PHONE: **813-758-0919**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)