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Secretary of State

04-20-1999 90038 025 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H45392 1. Corporation Name GREATEST DEALS ON WHEELS, INC.			
Principal Place of Business 2300 CORPORATE BLVD., N.W. STE 221 BOCA RATON FL 33431 US		Mailing Address 2300 CORPORATE BLVD., N.W. STE 221 BOCA RATON FL 33431 US	
2. Principal Place of Business 21 615 LAKEWOOD CIR W Suite, Apt. #, etc. 22		2a. Mailing Address 26 615 LAKEWOOD CIR W Suite, Apt. #, etc. 27	
City & State 23 DELRAY BEACH FL		City & State 28 DELRAY BEACH FL	
Zip 24 33445-4315 25 USA		Zip 29 33445-4315 30 USA	
9. Name and Address of Current Registered Agent HALPERN, BARRY L. 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME SD LEVY, LEE STREET ADDRESS 2300 CORPORATE BLVD., SUITE 221 CITY-ST-ZIP BOCA RATON FL		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 615 LAKEWOOD CIR WEST 1.4 CITY-ST-ZIP DELRAY BEACH FL 33445-4315	
TITLE <input type="checkbox"/> DELETE NAME PD SILVER, ALICE STREET ADDRESS 22605 S.W. 66TH AVE. 206 CITY-ST-ZIP BOCA RATON FL		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME TD WISOTSKY, MICHAEL STREET ADDRESS 2300 CORPORATE BLVD., SUITE 221 CITY-ST-ZIP BOCA RATON FL		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 22770 EL DORADO DRIVE 3.4 CITY-ST-ZIP BOCA RATON FL 33433	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
LEVY

4/15/99

Date

Daytime Phone #