

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90041 017 ***150.00

DOCUMENT # H58357

1. Corporation Name

GREATEST DEALS ON WHEELS FINANCIAL CORP.

Principal Place of Business

Mailing Address

~~2800 CORPORATE BLVD., N.W.~~

~~SUITE 221~~

~~BOCA RATON FL 33431~~

~~US~~

~~2300 CORPORATE BLVD., N.W.~~

~~SUITE 221~~

~~BOCA RATON FL 33431~~

~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1985

4. FEI Number

59-2507313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 615 LAKEWOOD CIR W

Suite, Apt. #, etc.

22

23 DELRAY BEACH FL

City & State

Zip Country

24 33445-4315 25 USA

2a. Mailing Address

26 615 LAKEWOOD CIR W

Suite, Apt. #, etc.

27

28 DELRAY BEACH FL

City & State

Zip Country

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

TITLE PD ☐ DELETE

NAME SILVER, ALICE
STREET ADDRESS 22605 SW 66TH AVE. #206
CITY-ST-ZIP BOCA RATON FL

TITLE SD ☐ DELETE

NAME LEVY, LEE
STREET ADDRESS ~~2300 CORPORATE BLVD., SUITE 221~~
CITY-ST-ZIP ~~BOCA RATON FL~~

TITLE TD ☐ DELETE

NAME WISOTSKY, MICHAEL
STREET ADDRESS ~~2300 CORPORATE BLVD., SUITE 221~~
CITY-ST-ZIP ~~BOCA RATON FL~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)

0349371