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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

(984)463-3815

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J15723

(6)

DAVID'S AUTOMOTIVE, INC.

SIGNATURE:

DAVID 3	AUTOMOTIVE, INC.					
Principal Place	e of Business	Mailing Address				Didie Albie Albis Albis Asali Dikir ibur
FORT LAUDERDALE FL 33315 FO		500 SW 13TH STREET FORT LAUDERDALE FL 3 US	3315-1421			
					3. Date Incorporated or Qualified 05/22/1986	3a. Date of Last Report 05/28/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2685547	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	\$	City & State			8 Stanting Company Figure 1	
23	•	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		_B. This corporation has liability for	
24	25	29	30		7 Florida Statutes	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent
	eman, dean s.		81	Name		
C/0	DAVID'S AUTOMOTIVE INC		82	Street Add	fress (P.O. Box Number is Not Acceptate	ole)
	2 SW 3RD AVENUE					
FOR	IT LAUDERDALE FL 33315		83			
			84	City		85 Zip Code
				·		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.03 registered agent, or both, in the Sta	502 and 607.1508, Florida Statu de of Florida. Such change was	ates, the above authorized by	-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changing Its registered of the appointment as registered
agent. I a	m families th, and accept the obl		lorida Statutes		_	1-
SIGNATURE		a cálvac	יארוסאומטיי	I, IK	. – Pres.	2-12-97
12.	Signature Typed or printed name of registered a OFFICERS A	agent and little if applicable. (NU NDD DIRECTORS	13.	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PST	DELETE	1.1 TITLE	T	7,007,101,010,17,100,100,11	Change Addition
NAME	FREEMAN, DEAN S.		1.2 NAME			
STREET ADDRESS	500 SW 13 ST		1.3 STREET	ADORESS		
CITY - ST - ZIP	FORT LAUDERDALE FL		1.4 CITY - S		•	
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	FREEMAN, DEAN S.		2.2 NAME			
STREET ADDRESS	500 SW 13 ST		2.3 STREET	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		2. 4 CITY-5	T-ZIP	· ·	
1ITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY - ST - ZIP			3.4. CITY - S	T-ZIP	·····	
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY - ST - ZIP		☐ DELETE	4.4 CITY - S	-ZIP		Change Addition
TITLE		ריז חגרנוך	5.1 TITLE			LI CHANGE LI AGOITION
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY - S1 - ZIP						
TITLE		I DELETE	5.4 CITY-S	-217		Change Addition
ALALES		☐ DELETE	6.1 TITLE	-217		☐ Change ☐ Addition
NAME STREET ADDRESS		DELETE				☐ Change ☐ Addition

14. 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 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 an an attachment with an address.