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

CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J16131

(1)

PARK AVENUE AUTO, INC.

Mailing Address

FILED May 13 1998 8:00am Secretary of State

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1825 GRANDE CIRCLE LONGWOOD FL 32750	P.O. BOX 574143 ORLANDO FL 32857-4143	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1986
2. Principal Place of Business	2a. Mailing Address 26	4. FEI Number Applied For 59-2675732 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 25	7 ip Co	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent PEREZ, JOLIO C 1625 GRANGE CIRCLE LONGWOOD FL 32750		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
CONGROOD PL 32/30		83 84 City FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the of 	ate of Florida. Such change was authoriz	above-named corporation submits this statement for the purpose of changing its registered ad by the corporation's board of directors. I hereby accept the appointment as registered atures.

SIGNATURE			
		Registered Agent signature	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, JULIO C.	1.2 NAME	
STREET ADDRESS	1625 GRANGE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY - ST - ZIP	
TITLE	SD DELETE	2.1 TITLE	Change Addition
NAME	Perez, Evelyn L.	2.2 NAME	
STREET ADDRESS	1625 GRANGE CIRCLE	23 STREET ADORESS	
CITY-ST-ZIP	LONGWOOD FL 32750	2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3 4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY+ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	į į
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	

14. Thereby 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 trusted 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:

april 28 1998 407-769-2563