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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J81510

(6)

COUNTY AUTO TAG & TITLE SERVICE, INC.

## **FILED** Apr 29 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						n tanninin dent finint nebni militat liibi	r wati wram wi <del>at</del>	i Riffit nebil dib	
3335 N. UNIVERSITY DR., #3 3335 N. UNIVERSITY DR., #3			3						
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024						DO NOT WR	TE IN THIS	SPACE	
					3. E	3. Date Incorporated or Qualified			
						07/06/1987			
2. Principal Place of Business 2a. Mailipg Address					4. F	El Number		h	oplied For
21 500 C Suite, Apt.	# 100	Suite, Apt. # etc.				59- <u>2844376</u>			ot Applicable Additional
22 -#-	3	27			<b>5.</b> C	Certificate of Status Desired		•	equired
City & State  City & State  23 1 28 28 28 28 28 28 28 28 28 28 28 28 28					I .	lection Campaign Financing rust Fund Contribution			May Be to Fees
zip 24 <b>ふ</b> るか		29 30	Country	,	Р	his corporation owes or has rersonal Property Tax due Ju	ne 30.	Yes [	tangible No
	9. Name and Address of Current F	tegistered Agent	_	1	10. N	lame and Address of New	Registered	Agent	
GORION, INCIDATE				81 Name					
7840 HOOD ST HOLLYWOOD FL 33024				82 Street Address (P.O. Box Number is Not Acceptable)					
11011111000112 00024				<del></del>				<del></del>	
			84		<del></del>	, , , , , , , , , , , , , , , , , , , ,		Tar Zin	Code
				City			FL	.   **   - '	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 Torida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the objection 607.0505, Florida Statutes.									
SIGNATURE Signature typed or printed hary diseastered agent and life if applicable. [NOTE, Registered Agent signature required when reinstating)  DATE  SIGNATURE  Signature typed or printed hary diseastered agent and life if applicable. [NOTE, Registered Agent signature required when reinstating)									
12.		DIRECTORS	13.		AC	DDITIONS/CHANGES TO OF	FICERS AND		
TITLE	OP Gorton, Kathryn	DELETE	1.1 TITLE					∐ Change	☐ Addition
NAME STREET ADDRESS	7840 HOOD ST		1.2 NAME 1.3 STREET	ADDDDCCS.					[8
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY- S	· 1					
TITLE	ST	☐ DELETE	2.1 TITLE		ST			Change	Addition
NAME	CONLEY, KELLY	ENLICE	2.2 NAME	l	Con	reen Kell	کوی		
STREET ADDRESS	19190 NW 71ST PLACE 501	2 M.M. 00 TOT.	2.3 STREET	ADDRESS	601	5 N.W. 6	برهه ه		
CITY-ST-ZIP	_TAMARAGEL_Corae S		2. 4 CITY-	ST-ZIP	يم ح	LOD STOCK	1.31	32	067
TITLE		5 –	3.1 TITLE 3.2 NAME			. 4		[_] Change	LJ Addwidn
NAME STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. City-:						
TITLE			4.1 TITLE					Change	Addition
NAME			4. 2 NAME						-
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP		DUETE	4.4 CITY - S	ST-ZIP	<del></del>	·		Till Ohanas	Addition
TITLE		·	5.1 TITLE	1				Change	Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	AUDBrec					
CITY-ST-ZIP		The state of the s	54 CITY-S	- 1	ı				
TITLE			6.1 TITLE	1.4"				Change	Addition
NAME		}	6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S						_, <u></u>
14. I hereby c	ertify that the information supplied with	this filing does not qualify for the	e exemp	tion state	d in Section	119.07(3)(i), Florida Statutes	. i further ce	rtify 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.