

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J83057 (6)

1. Corporation Name
PRESIDENTIAL MOTORS, INC.
d/b/a The Auto Superstore

Principal Place of Business
1616 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH FL 33409
US

Mailing Address
1616 N. FLA. MANGO RD.
A-1
WEST PALM BEACH FL 33409
US



2. Principal Place of Business
21 1805 Belvedere Rd.
Suite, Apt. #, etc.
22
City & State
23 West Palm Beach, FL
Zip Country
24 33406 25 U.S.A.

2a. Mailing Address
26 1805 Belvedere Rd.
Suite, Apt. #, etc.
27
City & State
28 West Palm Beach, FL
Zip Country
29 33406 30 U.S.A.

3. Date Incorporated or Qualified
07/16/1987

3a. Date of Last Report
06/19/1996

4. FEI Number
59-2826245

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MAIDA, MARK A
1616 N FLA MANGO ROAD
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81 Name
Maida, Mark A.
82 Street Address (P.O. Box Number is Not Acceptable)
1805 Belvedere Road
83
84 City
West Palm Beach FL 85 Zip Code
33406

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 *Mark A. Maida* Mark A. Maida President 4-15-97
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	PS	<input type="checkbox"/> DELETE
NAME	MAIDA, MARK A.	
STREET ADDRESS	1616 N. FLA. MANGO RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maida, Mark A.	
1.3 STREET ADDRESS	1805 Belvedere Rd.	
1.4 CITY-ST-ZIP	WEST Palm Beach, FL 33406	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 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		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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		

6000021808 PS
-05/16/97--01022--003
***165.00

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 on an attachment with my address.

SIGNATURE: *Mark A. Maida* Mark A. Maida Pres. 4-15-97 561-686872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)