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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J90263

1. Corporation Name

AUTO BUILDERS SOUTH FLORIDA, INC.

Principal Place of Business

 10625 N. MILITARY TRAIL
 102
 PALM BEACH GARDENS FL 33410
 US

Mailing Address

 10625 N. MILITARY TRAIL
 102
 PALM BEACH GARDENS FL 33410
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1987

4. FEI Number

59-2841086

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
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

 21 10276 Riverside Drive
 Suite, Apt. #, etc.

2a. Mailing Address

 28 10276 Riverside Dr
 Suite, Apt. #, etc.

City & State

 23 Palm Beach Gardens, FL
 Zip 33410 Country USA

City & State

 28 Palm Beach Gardens, FL
 Zip 33410 Country USA

9. Name and Address of Current Registered Agent

 RAWE, ROBERT W II
 10625 N MILITARY TRAIL, SUITE 102
 SUITE 102
 PALM BEACH GARDENS FL 33410

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 D
 NAME CATTOT, KPJM S
 STREET ADDRESS 14590 CRAZY HORSE LANE
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410
☒ DELETE
 TITLE SPCD
 NAME RAWE, ROBERT W II
 STREET ADDRESS 17976 APRIL LANE
 CITY-ST-ZIP JUPITER FL 33458
☐ DELETE
 TITLE VD
 NAME PRESNELL, A. P
 STREET ADDRESS 17190 LAFAYETTE TRAILS DRIVE
 CITY-ST-ZIP GLEN COE MO
☐ DELETE
 TITLE V
 NAME ABELMAN, JEFF
 STREET ADDRESS 11478 ORANGE BLVD.
 CITY-ST-ZIP PALM BEACH GARDENS FL
☒ DELETE
 TITLE V
 NAME GARRY J. SZYNDLAR
 STREET ADDRESS 6419 Longleaf Pine Drive
 CITY-ST-ZIP Jupiter, FL 33458
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

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

 Garry J. Szyndlar
 6419 Longleaf Pine Drive
 Jupiter, FL 33458

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ROBERT W. RAWE II 1/5/99 561-622-3515
 President

CR2E034 (11/98)