FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90058 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J97918

1. Corporation Name

CHOICE AUTOMOTIVE, INC.

							4			
Principal Place			lailing Address							,
1564 SOUTH TAMIAMI TRAIL 1564 SOUTH TAMIAMI TRAIL VENICE FL 34293 VENICE FL 34293										
VENICE FL 34293 US		. –	US			DO NOT WRITE IN THIS SPACE				
••							3. E	Date Incorporated or Qualifed		
							1	10/16/1987		
2. Principal Pl	lace of Business	2a.	. Mailing Address				4, F	El Number		Applied For
21		26					6	65-0006744		Not Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.					Certificate of Status Desired	\$8.7	5. Additional_
22		27						Definicate of Status Desired	Fee	Required
City & State	e		City & State				1	Election Campaign Financing		00 May Be
23		28					 	Frust Fund Contribution		ed to Fees
Zip	Country		Zip	Cou	ntry		1	his corporation owes the current year In	ntangible ☐ Yes	Пы
24	25	29		30		.,		Personal Property Tax. Name and Address of New Registered		□No
	9. Name and Address of Cui	rent Regis	nered Agent		81	Name	10. r	value and Address of New Registered	Agent	
WISE	e, david a.				۱,	Name				
1927 NEPTUNE ROAD						Street Addres	ss (P.C	D. Box Number is Not Acceptable)		
	LEWOOD FL 34223				83					
					٦,					
					84	City		F	85 Z	Zip Code
44 Dumunt	to the provinings of Sections 607	0502 and 6	07 1509 Florida Statu	ten the of		named corner	ration s	submits this statement for the purpose of	f changing	t its registered
office or re	egistered agent, or both, in the St	ate of Florid	da. Such change was a	authorized	by t	he corporation	n's boa	rd of directors. I hereby accept the appo	intment as	s registered
agent. I ai	m familiar with, and accept the ob	ligations of	, Section 607.0505, Flo	orida Stati	ites.					
SIGNATURE	Signature, typed or printed name of registered	count and title	if applicable (NOTI	E: Dovietered	10004	signature required v	when rain	(stating) DATE		
12.	OFFICERS			13.	- Ngarit	aignatoro required v		DDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTORS IN 12
	DPST		☐ DELETE	1,1 717	LE				☐ Chan	
TITLE NAME	DPST WISE, DAVID A.									
TITLE NAME	WISE, DAVID A.			1.1 TII 1.2 NA	ME	ADDRESS				
TITLE NAME STREET ADDRESS	WISE, DAVID A. 1927 NEPTUNE ROAD			1.1 TII 1.2 NA 1.3 ST	ME REET A					
TITLE NAME	WISE, DAVID A.			1.1 TII 1.2 NA 1.3 ST	ME REET A Y-ST-					ge 🗍 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WISE, DAVID A. 1927 NEPTUNE ROAD		☐ DELETÉ	1.1 TII 1.2 NA 1.3 ST 1.4 CT 2.1 TII 2.2 NA 2.3 ST	ME Y-ST- LE ME REET A	-ZIP ADDRESS			☐ Chan	ge Addition
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CITY-ST-ZIP 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 prianged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS