

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K04939 (0)**
1. Corporation Name
SOUTH FLORIDA AUTO SALES AND LEASING, INC.



Principal Place of Business

Mailing Address

~~141 N.W. 20TH STREET~~
~~442~~
~~BOCA RATON FL 33431~~
~~US~~

~~141 N.W. 20TH STREET~~
~~442~~
~~BOCA RATON FL 33431~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 **1489 W Palmetto Pk Rd**

26 **1489 W Palmetto Pk Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **492**

27 **492**

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33486

Country
USA

Zip
33486

Country
USA

3. Date Incorporated or Qualified

12/01/1987

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0023469

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOTTLIEB, BRUCE M
125 NORTH 46 AVENUE
HOLLYWOOD FL 33021

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 full title in capital letters.

(NOTE: Registered Agent signature required when restate is required.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D OLIVERI, ANGELO
STREET ADDRESS
141 N.W. 20TH STREET, SUITE H-1
CITY-ST-ZIP
BOCA RATON FL

TITLE ☐ DELETE

NAME
VP ST. AUBIN, ROBERT A. JR.
STREET ADDRESS
141 NW. 20TH STREET, SUITE H-1
CITY-ST-ZIP
BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

100001776471
-04/11/96--01023--012
*****2400.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

407-750-4477

Date

Daytime Phone #

CS 4/11/96

CP2E034 (12/95)