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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K18381

(9)

ISUZU OF DELRAY, INC.

Principal Place of Business Mailing Address N. IDA LANC

FILED Jan 20 1998 8:00am Secretary of State



2564 S OCEA HIGHLAND BE	N BLVD ACH FL 33487-1810	-DELRAY-DEACH FL 99489-		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 03/17/1988	SPACE
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 27725 So	FEDERAL H	65-0040283	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State) 	City & State 28 DETRAY BCH.	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	²⁹ 33483 3	Country		Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
	IG, IRA		81 Name		
2564 \$ OCEAN BLVD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
HIG	HLAND BEACH FL 33487		83		
			63		
			84 City	EI	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE	Signature, typed or pointed name of registered agen	and title if applicable (NOTE: F	logistered Agent signature re	q-rred when roinstaling) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	L_ DELETE	1.1 TITLE		Change Addition
NAME	LANG, IRA		1.2 NAME		;
STREET ADDRESS	2564 S OCEAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH FL	DELETE	1.4 C(1Y - S1 - Z(P		
TITLE	D COULANIOED HADOLD	ריז מנונונ	2.1 TIME		Change Addition
NAME STREET ADDRESS	SCHLANGER, HAROLD 15 W 53RD ST		2.2 NAME		
City-St-Zip	NEW YORK NY		2.3 STREET ADDRESS 2. 4 City - S1 - ZiP		
TILE	MEN FORK IN	DELETE	3.1 TOLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELET e	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 1tTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		☐ DELĒTE	6.1 TOLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-S1-ZIP		

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 truetty employered 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 and address. 561-

1/-100