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CORPORATION 1998 DOCUMENT #
1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jan 21 1998 8:00am Secretary of State

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS K21523 (1)NORTH PALM AUTO BROKERS, INC. Principal Place of Business Mailing Address 572 NORTHLAKE BLVD 572 NORTHLAKE BLVD N. PALM BCH FL 33408-5409 N. PALM BCH FL 33408-5409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name GEFTER, ALAN I. 572 NORTHLAKE BLVD. Street Address (P.O. Box Number is Not Acceptable) N. PALM BCH FL 33408 83 84 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1,1 TITLE Change Addition TIT! E GEFTER, ALAN 1.2 NAME NAME **572 NORTHLAKE BLVD** STREET ADDRESS 1.3 STREET ADDRESS N. PALM BCH FL CITY-ST-718 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME MAME 6.3 STREET ADDRESS STREET ADDRESS TY-ST-ZIP exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an the this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplied annual report is true and acomplicated or director of the corporation of the receiver or trustee empowered the Block 12 or Block 13 if changed or onen attachment with an address.

SIGNATURE: