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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K21523

NORTH PALM AUTO BROKERS, INC.

Principal Place of Business Mailing Address						**** ***** ***** *****	nen eren rée:
		572 NORTHLAKE BLVD N. PALM BCH FL 33408-540	572 NORTHLAKE BLVD N. PALM BCH FL 33408-5409		DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed	110 01 702	
		•			04/21/1988		,
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	I Ap	plied For
-	1405 07 240111000	26			NOT APPLICABLE		t Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	
		27	7		5. Certifcate of Status Desired	Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	у	8. This corporation owes the current year	Intangible	* *
		29	30		Personal Property Tax.		
2-7	9. Name and Address of Curr		1 1		10. Name and Address of New Register	ed Agent	
		The state of the s	81	1 Name	•		*
	TER, ALAN I.	"` , ,	82	2 Street Add	ress (P.O. Box Number is Not Acceptable)	·	
	NORTHLAKE BLVD.	, - 15	04	Street Addr	ress (P.O. Box Number is Not Acceptable)		
N. P	'ALM BCH FL 33408		83	3	· 经基础 第二次的 600 1 200 0 200		No of the last
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		·	. 84	4 City	F	85 Zip (200e
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abov	ve-named corp	poration submits this statement for the purpose	of changing its	registered
office or a	registered agent, or both, in the Sta am familia, with, arit accept the obli	ite of Florida. Such change was a	uthorized by	y the corporation	on's board of directors. I hereby accept the ap	pointment as re	gistered
agent. 1 a	ım tamıllar wim, and accept the one	galions of, Section 607.0303, Fior					
-				J.			
SIGNATURE	Signature, typed or printed name of registered a				od when reinstating); } {, √⊘{} DATE		
-	Signature, typed or printed name of registered a				ad when reinstating); ; ; ; ; ; ; DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE:	: Registered Age	ent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PRS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. (NOTE:	: Registered Age	ent signature require			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A DV GEFTER, ALAN	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signature require	ADDITIONS/CHANGES TO OFFICERS		
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed hame of registered a OFFICERS A DV GEFTER, ALAN 572 NORTHLAKE BLVD	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signature require	ADDITIONS/CHANGES TO OFFICERS		
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed hame of registered a OFFICERS A DV GEFTER, ALAN 572 NORTHLAKE BLVD	agent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	ent signature require	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
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qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ess, with all other like empowered. 14. I hereby certify that the information supplied with this filing does po indicated on this annual report officer or director of the corpora Block 12 or Block 13 if change elemental annual report is

FILED

Feb 08, 1999 8:00am

Secretary of State

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