## 5-14-97 B-7171 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

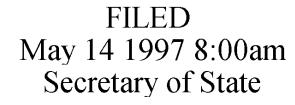
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K53325

(2)

SOUTH COUNTY AUTO ASSOCIATES, INC.





Principal Place of Business Mailing Address					J SERTEM TRU DITOR INDRESITE STORE BIR DIDIL BIRI DIDIL BERT BIRI DIRES DERI 1880.		
2141 NW 1ST PLACE 2141 NW 1ST PLACE							
BOÇA RATON F	L 83431	BOCA RATON FL 33431-74	417				
					3. Date Incorporated or Qualified	3a, Date of Las	t Report
1					12/22/1988	03/29/199	6
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	1 00/25/100	Applied For
21		26	26		65-0095682		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional
22		27			6. Certificate of States Desired	Fee	Required
City & State		City & State			6. Election Campaign Financing		May Be
23		28	<u> </u>		Trust Fund Contribution		d to Fees
Zip	Country	Zφ	Country	/	8. This corporation has liability for i		r s. 199.032,
24	25   9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
DEM.	<del></del>	ill negletete Agent	81	Name	IV. Harrie and Address of New Ac-	Ristolett Water	
	IAN, BERNARD		82	7/1	UL S. SULLI	VAN	
888 S. ANDREWS AVE. SUITE 203-B				Street Add	ress (P.O. Box Number is Not Acceptab	(e)	
			83	21	41 10.00, 10.1	- <u>, ,                                  </u>	····
PI. D	AUDERDALE FL 33316			<b>.</b>			_
			84	City	PT	FL 85 2	io Code
44 Purguant to	the provisions of Sections 607.05	02 and 607 1508. Florida Statut	os the abov	o-pamed cor	poration submits this statement for the n		n its registered
office or reg	gistered at int, or both, in the Stat	e of Florida. Such change was a	authorized b	y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment	as registered
	tamiliar with, and accept the obli	pations of, Servion 607.0505, Fig	orida Statute	S.			
SIGNATURE	gnature, typed or printed name of registered as	nent and time if anni-cable (NOTI	E: Beastered An	ent sionature requ	ired whon reinstating)	DATE	
12.	<u> </u>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
	PĎ	DELETE	1.1 TOLE			Chang	e 🔲 Addilion
NAME	SULLIVAN, PAUL G		1.2 NAME				
	2141 NW 1ST PLACE		1,8 STREET	T ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL</b>		1.4 CITY-1	ST-ZIP			
TITLE	\$	DELETE				☐ Chang	e Addition
NAME	SULLIVAN, EILEEN M		2.2 NAME				
STREET ADDRESS	2141 NW 1ST PLACE		2.3 STREE	T ADDRESS			
CITY-SY-ZIP	BOCA RATON FL		2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Chang	e Addilion
NAME			3.2 NAME	Ì			
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE			Chang	e Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	r address			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chang	e Addition
NAME			5.2 NAME				İ
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP	<u></u>		54 CHY-:	SI-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1		Chang	e 🗌 Addition
NAME			6.2 NAME	ļ			
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14. I do hereby	certify that the information supplied indicated on this appual report or	ed with this filing does not qualify	fy for the ext	emption state	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega	s. I further certify th	nat the

Tam an officer or director of the corporation of 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.