

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:26

DOCUMENT # K53771 (7)

1. Corporation Name

MB AUTOMOTIVE WAREHOUSE CORP.

Principal Place of Business

Mailing Address

614 S. DODD HWY.
LAKE WORTH FL 33460

~~614 S. DODD HWY.
LAKE WORTH FL 33460~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1988

3a. Date of Last Report

05/01/1994

4. FCI Number

65-0218989

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. 119.032
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1717 S.W. 1st HWY

23

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

26

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELKIN, MARK A

~~2232 N.W. 62ND DRIVE~~

~~BOCA RATON FL 33496~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2232 N.W. 62ND DRIVE

83

84

BOCA RATON

FL

33496

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 the Florida address)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

BELKIN, MARK A.

STREET ADDRESS

2232 N.W. 62ND DR.

CITY, ST, ZIP

BOCA RATON FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

33496

TITLE

VST

NAME

BELKIN, MARK A.

STREET ADDRESS

2232 N.W. 62ND DR.

CITY, ST, ZIP

BOCA RATON FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

33496

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as required, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

6/19/95

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