OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT

ET ADORESS

an officer or director of the in Block 12 or Block 13 if

FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90001 006 ***550.00

UNCO	AST AUTO BROKERS EN	TERPRISES, INC.		1		1 148/14/1 60/ 18/14 1/40/ 1/40/ 1/40/ 1/40/	
			***				!!
cipal Place of Business Mailing Address							
S. WASHINGTON AVENUE 5200 S. WASHINGTON AVEI SVILLE FL 32780 TITUSVILLE FL 32780						DO NOT WRITE IN TI	HIS SPACE
		2				Date Incorporated or Qualified 06/21/1990	
Principal P	Place of Business	2a. Mailing Address				4. FEI Number 59-3017262	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	30 Cou	intry		This corporation owes the current year Intangible Personal Property.	Yes No
	9. Name and Address of Cu	rrent Registered Agent		ļ.,		10. Name and Address of New Register	ed Agent
OMBT L CARV B				81	Name		
5200	TH, GARY R S. WASHINGTON AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
TITUSVILLE FL 32780			83				
A				84 City FL 85 Zip Code			
Pursuan office or agent. (Jaust					ation submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the purpo	7/99
	mature, typed or printed name of registered		(NOTE: Registe	ered Age	ent signature requ	ADDITIONS/CHANGES TO OFFICERS	
-/-/	PD	AND DIRECTORS		TIF		ADDITIONA/O/JANGES TO OF TIGENO	Change Addition
	SMITH, GARY R						L Change L Addition
	TARREST OF THE PROPERTY OF THE		STREET ADDRESS				
TITLICALLE EL 20700		IIOL		1.4 CITY-ST-ZIP			
ST-ZIP ITUSVILLE PL 32/60		DELET		2.1 TITLE			Change Addition
		06161	2.2 N				
ET ADDRESS					ADDRESS		
ST-ZIP			2.4 CITY-S				
31-217		DELET					Change Addition
ŧ			3.2 N/	AME			— · —
ET ADDRESS	335		REETA	ADDRESS			
ST-ZIP	3.44		ITY-ST-	ZIP			
		DELETE 4.11		TLE			Change Addition
Ē			4.2 N	AME	- [
ET ADDRESS			4.3 ST	REETA	ADDRESS		
ST-ZIP		4.4		4 CITY-ST-ZIP			
	DELETE 5.1		TE 5.1 TI	.1 TITLE			Change Addition
1			5.2 N/	AME			
ET ADDRESS			5.3 ST	REETA	ADDRESS		ļ
ST-ZIP			5.4 CI	TY-ST-Z	ZIP		
		DELET	31		1		Change Addition
:	Į		6.2 N/	AME	1		

6.3 STREET ADDRESS

6.4 CITY-ST-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 of the report of true tree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

chment with an address.