

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)

PROFIT  
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 JUN -9 AM 8:34

DOCUMENT # M42223

(1)

1. Corporation Name

GOOD DEALS ON WHEELS, INC.

Principal Place of Business

C/O MARTIN GROSSMAN  
649 SOUTH MILITARY TRAIL  
WEST PALM BCH FL 33415

Mailing Address

C/O MARTIN GROSSMAN  
649 SOUTH MILITARY TRAIL  
WEST PALM BCH FL 33415

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/25/1986

3a. Date of Last Report

07/01/1994

4. FEI Number

59-2742848

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. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GROSSMAN, MARTIN  
213 ST. CHARLES CT.  
JUPITER FL 33407

10. Name and Address of New Registered Agent

81. Name

GARY GROSSMAN

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

649 S. MILITARY TRAIL

83.

W.P.B.

84. City

FL

85. Zip Code  
33415

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

*Gary Grossman*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/1/95

12. OFFICERS AND DIRECTORS

|                 |                   |
|-----------------|-------------------|
| TITLE           | P                 |
| NAME            | GROSSMAN, MARTIN  |
| STREET ADDRESS  | 213 ST CHARLES CT |
| CITY - ST - ZIP | JUPITER FL        |
| TITLE           | VP                |
| NAME            | RICHARDSON, JAMES |
| STREET ADDRESS  | 248 RIVERPARK DR. |
| CITY - ST - ZIP | JUPITER FL        |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                       |                                                                              |
|---------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | PRESIDENT             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | GROSSMAN GARY         |                                                                              |
| 1.3 STREET ADDRESS  | 649 S. MILITARY TRAIL |                                                                              |
| 1.4 CITY - ST - ZIP | W.P.B. FL 33415       |                                                                              |
| 2.1 TITLE           | V.P.                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | LAZUKA, Loni          |                                                                              |
| 2.3 STREET ADDRESS  | 649 S. MILITARY TRAIL |                                                                              |
| 2.4 CITY - ST - ZIP | W.P.B. FL 33415       |                                                                              |
| 3.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                       |                                                                              |
| 3.3 STREET ADDRESS  |                       |                                                                              |
| 3.4 CITY - ST - ZIP |                       |                                                                              |
| 4.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                       |                                                                              |
| 4.3 STREET ADDRESS  |                       |                                                                              |
| 4.4 CITY - ST - ZIP |                       |                                                                              |
| 5.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                       |                                                                              |
| 5.3 STREET ADDRESS  |                       |                                                                              |
| 5.4 CITY - ST - ZIP |                       |                                                                              |
| 6.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                       |                                                                              |
| 6.3 STREET ADDRESS  |                       |                                                                              |
| 6.4 CITY - ST - ZIP |                       |                                                                              |

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 110.07(3)(b), 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 empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gary Grossman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/1/95