

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M42223**

(1)

1. Corporation Name

GOOD DEALS ON WHEELS, INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/25/1986

3a. Date of Last Report

06/09/1995

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

10. Name and Address of New Registered Agent

**GROSSMAN, GARY
649 S MILITARY TRAIL
WEST PALM EBACH FL 33415**

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of the person who is authorized to execute this report

Signature of the New Agent's authorized person or representative

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
GROSSMAN, GARY
STREET ADDRESS
649 S MILITARY TRAIL
CITY, STATE, ZIP
WEST PALM EBACH FL

1.2 TITLE ☐ DELETE

NAME
LAZUKA, LORI
STREET ADDRESS
6495 MILITARY TRAIL
CITY, STATE, ZIP
WEST PALM EBACH FL

1.3 TITLE ☐ DELETE

NAME
VP
STREET ADDRESS
6495 MILITARY TRAIL
CITY, STATE, ZIP
WEST PALM EBACH FL

1.4 TITLE ☐ DELETE

NAME
VP
STREET ADDRESS
6495 MILITARY TRAIL
CITY, STATE, ZIP
WEST PALM EBACH FL

1.5 TITLE ☐ DELETE

NAME
VP
STREET ADDRESS
6495 MILITARY TRAIL
CITY, STATE, ZIP
WEST PALM EBACH FL

1.6 TITLE ☐ DELETE

NAME
VP
STREET ADDRESS
6495 MILITARY TRAIL
CITY, STATE, ZIP
WEST PALM EBACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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 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.

SIGNATURE:

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

2/6/96
DATE

6845377
OFFICER'S NUMBER

CR2E034 (12/95)