FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** CORPORATION **ANNUAL REPORT** 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mostham 📝

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M43550

(6)

Mailing Address

PAY-LESS AUTO SALES, INC.

FILED Jun 09 1997 8:00am Secretary of State

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934 S. HWY 44 APOPKA FL 32 US		834 S. HWY 441 APOPKA FL 32703 US		3. Date Incorporated or Qualified 12/18/1986	3a, Date of Last Report 02/13/1996
2. Princinal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	5. HWY 441	26 936 S. H	44 W	59-2789179	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	7.17	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 AP		28 APOPKA	. FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24 327		29 32703	30 ORANGE		Yes No
	9. Name and Address of Currer	t Registered Agent	94 Nome	10. Name and Address of New Re	gistered Agent
	JGHTON, LESTER R.		81 Name	EORGE R. HOECK	
	S. HWY. 441		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
APO	PKA FL 32703		83	36 3. Hwy 441	
			63		
			84 City	POPKA	FL 85 Zip Code 32703
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	tes, the above-named co	rporation submits this statement for the p	
office or r agent. I a SIGNATURE	egistered tigent, or both, in the State in familiar with, and accept the state.	of Florida, Such change was allons of action 607.0505, Florida and title if applicable.	authorized by the corpora orida Statutes. <u>GEORGE</u> TE: Registered Agont signature requ	rporation submits this statement for the pation's board of directors. I hereby accept the pation of the patients of the patien	of the appointment as registered
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
-TITLE	DP	₩ DELETE	11 1ITLE		☐ Change ☐ Addition
NAME	HOUGHTON, LESTER R.		1.2 NAME		
STREET ADDRESS	1435 PAULA DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		1.4 CHY-ST-ZIP		
TITLE	VP	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HOUGHTON, MARY G.		2.2 NAME		
STREET ADDRESS	1435 PAULA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	☐ DELETE	2.4 City-ST-ZiP 3.1 Title	5/0	Change X Addition
TITLE	**************************************			CEDOCE O HARBY	C ouguge 121 vacuus
STREET ADDRESS			3.3 STREET ADDRESS	GEORGE R. HOERK 936 S. HWY YVI	
CITY-ST-ZIP			3.4. CITY-ST-7IP		703
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY- ST-ZIP	^	Λ Λ
TITLE		☐ DEL€TE	5.1 TITLE	11/	Change Addition
NAME			5.2 NAME	1	D. V.
STREET ADDRESS			5.3 STREET ADDRESS	`	1/2,
CITY-ST-ZIP			5.4 CITY - ST - ZIP		<u> </u>
TITLE		☐ DELFTE	6.1 TITLE		Change Addition
NAME	;		6.2 NAME		4.
STREET ADDRESS			6.3 STREET ADDRESS		121 00000
CITY-ST-ZIP		To an in the fire	6.4 CITY - ST - ZIP		4x- Nep 162
14. I do herei informatic I am an o appears i	by certify that the information supplie on indicated on this annual report or s officer or director of the corporation of in Block 12 or Block 3 if changed	a with this filing does not qual supplemental annual report is the receiver or trustee emport r on an attachment with an ad	ity for the exemption state true and accurate and thi wered to execute this repi dress.	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certify that the I effect as if made under oath; tha itatutes; and that my riame