

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M60432** (5)
1. Corporation Name
TRIPLE R AUTO BROKERS, INC.

Principal Place of Business 1990 EIGHTH TERRACE S.E. WINTER HAVEN FL 33880 US	Mailing Address 1990 EIGHTH TERRACE S.E. WINTER HAVEN FL 33880 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6118 GRAND OAKS DR. SE Suite, Apt. #, etc.		2a. Mailing Address 26 6118 GRAND OAKS DR. SE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/08/1987	
22 City & State 23 WINTER HAVEN, FL		27 City & State 28 WINTER HAVEN, FL		4. FEI Number 65-0034221	
24 Zip 33884		25 Country POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33884		27 Country POLK		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ROSE, LARRY 1990 EIGHTH TERRACE S.E. WINTER HAVEN FL 33880				10. Name and Address of New Registered Agent	
				81 Name LARRY ROSE	
				82 Street Address (P.O. Box Number is Not Acceptable) 6118 GRAND OAKS DR. SE	
				83	
				84 City WINTER HAVEN	
				85 Zip Code FL 33884	

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 title, if applicable


(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSE, LARRY		1.2 NAME	
STREET ADDRESS 6118 GRAND OAKS DR. SE		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL 33884		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

 LARRY ROSE

4-20-98

611-318-9133

CR2E034 (10/97)