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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M68913

(6)

FILED Apr 14 1998 8:00am Secretary of State

Principal Plac	D.K. USED CARS, INC. ie of Business W. ELLIS AVE / PO BOX 336	Mailing Address C/O JAMES W. ELLIS 700 HINSON AVE / PO HAINES CITY FL 33884	BOX 336	DO NOT WRITE 3. Date Incorporated or Qualified 02/10/1099		
2. Principal P	lace of Business	2a. Mailing Address		02/19/1988 4. FEI Number	Ap	plied For
21		26		59-2876672		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
City & State	е	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation owes or has pai	\ -	
24	25 g. Name and Address of Curr	rent Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Reg] No
	LIS, JAMES W.	Ann Halliston on Wante	81 Name	10. Transite bire Audites of Item net	Ainter Lifett	
) Hinson ave. Ines city fl 33844		82 Street Add 83 84 City	iress (P.O. Box Number is Not Acceptable	les Zin (Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu		poration submits this statement for the pr		s registered
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the ob-	·		poration submits this statement for the pation's board of directors. I hereby acception when relastating		s registered registered
	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable (NO AND DIRECTORS	ates, the above-named corporal authorized by the corporal lorida Statutes.		urpose of changing its at the appointment as	S IN 12
SIGNATURE 12. TITLE	Signature, typed or period name of registered OFFICERS A	agent and little if applicable (NO	utes, the above-named corporal authorized by the corporal lorida Statutes. TE Registered Agent signature required. 13. 1.1 TILE	ired when reinstating)	urpose of changing its the appointment as	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or prefer name of registered OFFICERS A PSD ELLIS, JAMES W.	egent and little if applicable (NO ANO DIRECTORS DELETE	utes, the above-named corporal suthorized by the corporal lorida Statutes. TE Registered Agent signature requisits 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating)	Urpose of changing its in the appointment as DATE ERS AND DIRECTOR Change	S IN 12
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14. Thereby 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 informatio 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 eath; that I am an officer or director of the corporation 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 autochment with an address.

SIGNATURE

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8 (941)421-1891