FILED Mar 25, 2002 8:00 am Secretary of State 03-25-2002 90039 022 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 0/0000 47751			03-23-200	2 90039 022 130.00	
RUNWAY AUTO SALES, INC.			<u>.</u>		
DO NOT WRIT	E IN THIS SP	4	27479		
2. Principal Place of Business 216 NONTH MILITARY BY 7694					
Suite, Apt. #, etc.			DO NOT WRITE II	DO NOT WRITE IN THIS SPACE	
West Palm Beach A	TRAIMBEACH PL BOCK RATON FL		4. FEI Number 65 110 a	4. FEI Number 65 110 2637 Applied For Not Applied For	
33415 Country USA	Zip 3343/	Country USA:	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		Name	7. Name and Address of Current Re	gistered Agent	
DO NOT WRITE IN THIS SPACE 216 M			dress (P.O. Box Number is Not Acceptable)	P.O. Box Number is Not Acceptable) WITH MILL FATY TRAIL	
			MATH MILITARY T		
City West			PST PAIM BEACH	FL Zipsade	
8. The above named entity submits this statement	for the purpose of changing its re	egistered office or n	egistered agent, or both, in the State of Florida	1.	
SIGNATURE Signature, typed or printed name of registered age	int and title if applicable. (NOTE: I	Registered Agent signature	required when reinstating)	2/9/02 DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 - Fee is \$150.00 After May 1 - Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Trust Fund Contribution. Added to Fees					
	D DIRECTORS				
MAKE DAVIN CULLEN STREET ADDRESS 2483 GERTRUN	Selet	NAME NAME			
CITY-ST-ZIP LANTANA FL	33462	CITY-ST-ZIP		E034B	
MAME PRESIDENT	(ADD)	: TUTLE :			
STREET ADDRESS SEAN PARK. CITY-ST-ZIP 3700 SOUTHUCC	AN Suite 1706	STREET ADDRESS CITY-ST-ZIP		na Háj	
HILE 14164LAND BEX	Kh FL 33487	TITLE:	***************************************		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	DO NOT W	/RITE	
TITLE RAME		:: TITLE: NAME	IN THIS SE	IN THIS SPACE	
STREET ADDRESS CITY-SE-ZIP		STREEF ADDRESS CITY-ST-ZIP			
HILE NAME		TITLE NAMÉ			
SIREET ADDRESS CATY-SI-ZIP		STREET ADDRESS CITY: ST-ZIP			
TITLE NAME		TITLE		13-69 2 40	
STREET ADDRESS CITY-S1-ZIP		STREET ADDRESS CITY-ST-ZIP			
13. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.					
SIGNATURE: Lean Park HUSINUM 2/9/UZ 561-254-2868 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Proces					