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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 18 1998 8:00am

Secretary of State

	MENT # P41116 CAR FINANCE, INC.	(5)					
Principal Plac	e of Business	Mailing Address			4 LEGILISON DIN DIRAN DIRAN DIRAN SINI	ALDIT REAST BIRT ALDIT DE	014 M1#31 4A01
25 PHILIPS PARKWAY		25 PHILIPS PARKWAY					
MONTVALE NJ 07845 US		MONTVALE NJ 07645 US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
		_			10/22/1992		
¬ '	Place of Business	2a. Mailing Address			4. FEI Number	} 	pplied For
Suite Apt.	# ato	Suite, Apt. #, etc.			22-3193146	¢0.75	ot Applicable Additional
22	n, dto.	27			5. Certificate of Status Desired		equired
City & Stat	o	City & State			6. Election Campaign Financing	\$5.00	May Be
23		[28]			Trust Fund Contribution	_	to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid		
24	9. Name and Address of Current		30		Personal Property Tax due June 3 10. Name and Address of New Reg		No No
	T CORPORATION SYSTEM	negistered Agent	81	Name	IV. Name and Address of New Neg	ISTOLOGI ABOUT	
	00 SOUTH PINE ISLAND ROAD				(10000000000000000000000000000000000000		
	ANTATION FL 33324		82	Street Address (P.O. Box Number is Not Acceptable)			
`•			83				
			84	City		85 Zip	Code
						FL	
11. Pursuant office or agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	and 607.1508, Flor ida St atute f Horida. Soch ch ange w as ai ons of, Section 60 7.0 505, Floi	es, the above uthorized by rida Statutes	-named co the corpo -	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing the appointment as	its registered s registered
SIGNATURE							
12.	Signature, typed or pointed name of registered agent OFFICERS AND		Hegistered Ager	il signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	BS IN 12
TITLE	PD	DELETE	1.1 TITLE	#	LSA TREAS - TAXES	Change	Addition
NAME	RYAN R. JAMES		1.2 NAME	,	DRY J. Schulman		•
STREET ADDRESS	4726 ANDREWS LINKS ST		1.3 STREET ADDRESS		177 Long Ridge Road		
CITY-ST-ZIP	CHARLOTTE N		1.4 CITY-ST-ZIP		Stramfores CT 06921	2	
TITLE	V	DELETE	2.1 TITLE		lice Persident : TAKES	☐ Change	Addition
NAME	NYARS, ANGELO		2.2 NAME	1	Seffacy L. Hyde		
STREET ADDRESS	=		2.3 STREET		nny Long Ridge Rose		
CITY-ST-ZIP			2. 4 CITY - S	1-7IP -	Stamfarús CT 0693		1 4 1 100
TITLE	MALIDO CALVATODE I	DELETE	3.1 HILF			☐ Change	☐ Addition
NAME STORET LODGEGO	MAURO, SALVATORE L 312 ALPINE CIRCLE		3.2 NAME	In page 1	•		
STREET ADDRESS	RIVERVALE NJ		3.3 STREET	- 1			
CITY-ST-ZIP TITLE	V	DELETE	3.4. CITY - ST	1-211		Change	Addition
NAME	STARECKI, HENRYK	<u> </u>	4. 2 NAME				
STREET ADDRESS	375 FALETTI CIRCLE		4.3 S1RFEL	ADDRESS			
CITY-ST-ZIP	RIVER VALE NJ		4.4 CITY-ST	- 1			
TITLE	1	DELETE	5.1 TITLE			☐ Change	Addition
NAME	WERNER, JEFFREY S		5.2 NAME				
STREET ADDRESS	146 FORREST STREET		5.3 STREET	ADDRESS			
CITY-ST-ZIP	STAMFORD CT		5.4 CITY-ST	- ZIP			- A - See
TITLE	S FREILICH, DAVID J.	DELETE	6.1 TITLE			☐ Change	Addition
	· www.iii'of fig////ii		E CONMAND				
NAME			6.2 NAME				
NAME STREET ADDRESS CITY-ST-ZIP	15 KENILWORTH LANE WARWICK NY		6.3 STREET / 6.4 CITY - ST	- 1			

Indicated on this annual report or supplies with this integrated 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 13 if changed, or on an attachment with an address.