

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 14 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000001733 (4)

1. Corporation Name

SOUTH BROWARD AUTO SALES, INC.

Principal Place of Business

127 S.W. 7TH AVE.
FT. LAUDERDALE FL 33312

Mailing Address

127 S.W. 7TH AVE.
FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/03/1992

3a. Date of Last Report
02/11/1994

4. FEI Number
65-0361433

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.039 Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 2155 N.W. 76 WAY
Suite, Apt. #, etc.

2a. Mailing Address

26 2155 N.W. 76 WAY
Suite, Apt. #, etc.

22 City & State

23 MARGATE FL

27 City & State

28 MARGATE FL

24 33063
Country Zip

25 BROWARD
Country Zip

29 33063
Country Zip

30 BROWARD
Country Zip

9. Name and Address of Current Registered Agent

MAKOVSKY, KEITH
2155 N.W. 76 WAY
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 transferring)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DP
MAKOVSKY, KEITH
2155 N.W. 76TH WAY
MARGATE FL 33063

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Keith Makovsky KEITH MAKOVSKY PRES

6/28/95
614-2004

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR