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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300002347 (1)

G.T.S. AUTO, INC.

FILED May 01 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	ļ				 		1891 (88)	
1080 8. DIXIE H	IWY .	1080 S. DIXIE HWY.								
BAY 4-W POMPANO BEA	AN EL 99000	BAY 4-W POMPANO BEACH FL 33060-7824				-				
LONLANO DEV	On PE 33000	POMPANO BENOTITE SSCOTTORY			•	3. Date Incorporated or Qualified 3a. Date of Last Report				
:						01/07/1993	07/29/	1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26				65-0381618 Not Applicable				
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional				
22		27				Fee Hequired				
City & State	e	City & State				6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zin	Country	Zip Country				Troot Faria Bottle				
Zip 24	h '	<u> </u>		щу		8. This corporation has liability for intendible tax under s. 199.032, Florida Statutes X Yes No				
24	25 2. Name and Address of Current	[29] Registered Agent	1901			1p. Name and Address of New Re	.3			
MOE	NTY, JESSE			81	Name					
	S. DIXIE HWY.		ļ	00	Ctroot Adde	rans (D.O. Boy N. Imboy is Not Asserte	blo)			
BAY		82			Street Addr	ot Address (P.O. Box Number is Not Acceptable)				
	IPANO BEACH FL 33060									
	III PATO DELICITIE COURS		-	84	00			E Zin	Code	
			j	D4	City		FL	15 Zip (Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligat	and 607.1508, Florida Statu f Florida, Such change was ions of, Section 607.0505, Fl	tes, the ab authorized forida Statu	ove- by tules.	named corp the corporat	poration submits this statement for the ion's board of directors. I hereby acce	purpose of ch pt the appoin	anging it ment as	s registered registered	
SIGNATURE	Signature, lyped or printed name of registered agent	and title if applicable (NO	TE: Registered	I Ageni	L signature requir	red when rainstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	≀S IN 12	
TITLE	PD	DELETE	1.1 TII	t E	T			Change	Addition	
NAME	VICENTY, JESSE		1.2 NA	ME						
STREET ADDRESS	1080 S. DIXIE HWY., BAY 4-W		1.3 STI	REET A	DDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CIT	Y-ST	- ZIP					
TITLE		DELETE	2.1 TITLE		1		L_1	Change	Addition 1	
NAME .			2.2 NA	ME	- 1					
STREET ADDRESS			2 3 \$1		DORESS					
CITY-ST-ZIP			2 4 CITY		- ZIP				1.430	
TITLE		☐ DELETE	1				L	Change	Addition	
, NAME			3 2 NA						[
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		1 001016	3 4. CIT DELETE 4.1 TILL		- 7(P	Change			Addition	
TITLE		Date					L	Oriotigo	L Abdition	
NAME			4 2 N/		DDDCCC					
STREET ADDRESS			•		ODRESS					
CITY-ST-ZIP TITLE	<u></u>			4 4 C(TY - ST - Z)P 5 1 TITLE				Change	Addition	
NAME			5.2 NA				_	ø.		
STREET ADDRESS					ADDRESS .					
CITY-ST-ZIP			5 4 Ci		1					
TITLE		DELETE	61111		-			Change	Addition	
NAME			6.2 NA					-		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-\$1						
			-			T. 6 1 60.000 El 11. 60.00				

I do 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, of one attachment with an address.