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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000012978 (1)

1. Corporation Name

STRAIGHT DEALS AUTO SALES INC.



Principal Place of Business

4175 HWY 427
SANFORD FL 32773
US

Mailing Address

4175 HWY 427
SANFORD FL 32773-6316
US

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

21 2501 S. SANFORD AVE

2a. Mailing Address

26 2501 S SANFORD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SANFORD FL

27 SANFORD FL

City & State

City & State

23

28

Zip

Country

24 32773

25 US

Zip

Country

28 32773

30 US

9. Name and Address of Current Registered Agent

KELLY, MORRIS
4175 CR427
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P
NAME
KELLY, MORRIS
STREET ADDRESS
4175 CR 427
CITY - ST - ZIP
SANFORD FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

TITLE

T
NAME
KELLY, MORRIS
STREET ADDRESS
4175 CR 427
CITY - ST - ZIP
SANFORD FL

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

TITLE

S
NAME
KELLY, MORRIS
STREET ADDRESS
4175 CR 427
CITY - ST - ZIP
SANFORD FL

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

14. 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (9/96)