FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000017486 (0)

1. Corporation Name

JOEY'S AUTO BROKERS, INC.

Principal Place of Business

1501 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

Mailing Address

1501 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

2. Principal Place of Business 21 ___ Suite, Apt #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 03/03/1993

3a. Date of Last Report: 01/24/1995

4. FEI Number: 65-0391153 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EDELSBERG, JOEY
21385 MARINA COVE CR. #E13
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name: Mort Kopperman
82 Street Address (P.O. Box Number is Not Acceptable): 432 NE 195th Street
83
84 City: North Miami Beach FL 85 Zip Code: 33179

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: Mort Kopperman

Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	EDELSBERG, JOEY	
STREET ADDRESS	1501 N. STATE ROAD 7	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPS	☐ DELETE
NAME	EDELSBERG, KRISTEN	
STREET ADDRESS	21385 MARINA COVE CR. #E13	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

700001888927
-07/10/96--01013--043
***25.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

300001888933
-07/10/96--01013--044
***200.00

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: Kristen Edelsberg 1-31-96 1-305-963-5639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/1/96

CR2E034 (12/95)