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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022126 (5)

PRIME AUTO BROKERS, INC.

1560 PALM BAY RD NE 1580 PALM BAY RD NE PALM BAY FL 32905-3845 PALM BAY FL 32905 US 3a. Date of Last Report 3. Date Incorporated or Qualified 03/22/1993 07/09/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3174259 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Žφ 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes X No 30 Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name CAPLIN, RICK aplin 515 NEEDLE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32953 83 84 City Zip Code 32953 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. Fam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. RICK esterno agent and SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition Tatle 1.1 TITLE Rick Capus 545 needle Blud merust ss Pl CAPLIN, RICK NAME 1.2 NAME **CR2E034** 1877 LAKE DRIVE 1.3 STREET ADDRESS STREET ADDRESS COCOA FL 32922 1.4 CiTY - ST - ZiP CITY - ST- ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY - ST - ZIP Addition DELETE Change TIT_E 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST 200 DELETE Change Addition TIFLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP 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 and cated 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1-3-97 407 722-1999

FILED

Jan 24 1997 8:00am

Secretary of State

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