

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000039664 (6)
 1. Corporation Name
WHOLESALE CAR CONNECTION, INC.



Principal Place of Business 5981 FUNSTON ST B5 HOLLYWOOD FL 33023 US	Mailing Address 5981 FUNSTON STREET SUITE B-5 HOLLYWOOD FL 33023 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1451 So. State Road 7 Suite, Apt. #, etc. 22 City & State 23 Hollywood, FL Zip 24 33023 Country 25 USA	2a. Mailing Address 26 1451 So. State Road 7 Suite, Apt. #, etc. 27 City & State 28 Hollywood, FL Zip 29 33023 Country 30 USA
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3. Date Incorporated or Qualified 05/28/1993	4. FEI Number 65-0418225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**JANET SCOTT
 5981 FUNSTON ST
 STE B5
 HOLLYWOOD FL 33023**

10. Name and Address of New Registered Agent

81 Name Janet Scott
82 Street Address (P.O. Box Number is Not Acceptable) 1451 So. State Road 7
83
84 City Hollywood
85 Zip Code FL 33023

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 *Janet Scott* **Janet Scott** DATE **1-5-98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCOTT, MATTHEW	
STREET ADDRESS	8765 SW 58TH ST	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCOTT, JANET	
STREET ADDRESS	8765 SW 58 ST	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Janet Scott* **Janet Scott** DATE **1-5-98** **954968 2265**

CR2E034 (10/97)