

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUL -5 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000042957 (9)**

1. Corporation Name

**INSTANT RIDE AUTO SALES, INC.**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/17/1993</b>                                                                                              | 3a. Date of Last Report<br><b>07/12/1994</b> |
| 4. FEI Number<br><b>65-0420124</b>                                                                                                                  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                           | <b>\$8.75 Additional<br/>Fee Required</b>    |
| 6. Election Out (except Foreign and<br>Trust Fund Contributions) <input type="checkbox"/>                                                           | <b>\$5.00 May Be<br/>Added to Fees</b>       |
| 7. This corporation has liability for interstate tax under s. 190.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                                            |                     |                                                            |    |
|------------------------------------------------------------|---------------------|------------------------------------------------------------|----|
| Principal Place of Business                                |                     | Mailing Address                                            |    |
| <b>4601 W HALLANDALE BEACH BLVD<br/>HOLLYWOOD FL 33023</b> |                     | <b>4601 W HALLANDALE BEACH BLVD<br/>HOLLYWOOD FL 33023</b> |    |
| 2. Principal Place of Business                             | 2a. Mailing Address | 21                                                         | 20 |
| State, Apt. #, etc.                                        | State, Apt. #, etc. | 22                                                         | 27 |
| City & State                                               | City & State        | 23                                                         | 28 |
| Zip                                                        | Zip                 | 24                                                         | 29 |
| Country                                                    | Country             | 30                                                         |    |

**9. Name and Address of Current Registered Agent**

**ROCHE, ROBERT  
4601 W HALLANDALE BEACH BLVD  
HOLLYWOOD FL 33023**

**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 607.050 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 provisions of Section 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **6-2-95**

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONAL OFFICERS AND DIRECTORS |                                                                   |
|----------------------------|-------------------------------------|---------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>D</b>                            | 1. TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROCHE, ROBERT</b>                | 2. NAME                               |                                                                   |
| STREET ADDRESS             | <b>4601 W HALLANDALE BEACH BLVD</b> | 3. STREET ADDRESS                     |                                                                   |
| CITY, ST, ZIP              | <b>HOLLYWOOD FL 33023</b>           | 4. CITY, ST, ZIP                      |                                                                   |
| 5. TITLE                   |                                     | 21. TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                     | 22. NAME                              |                                                                   |
| 7. STREET ADDRESS          |                                     | 23. STREET ADDRESS                    |                                                                   |
| 8. CITY, ST, ZIP           |                                     | 24. CITY, ST, ZIP                     |                                                                   |
| 9. TITLE                   |                                     | 31. TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                     | 32. NAME                              |                                                                   |
| 11. STREET ADDRESS         |                                     | 33. STREET ADDRESS                    |                                                                   |
| 12. CITY, ST, ZIP          |                                     | 34. CITY, ST, ZIP                     |                                                                   |
| 13. TITLE                  |                                     | 41. TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   |                                     | 42. NAME                              |                                                                   |
| 15. STREET ADDRESS         |                                     | 43. STREET ADDRESS                    |                                                                   |
| 16. CITY, ST, ZIP          |                                     | 44. CITY, ST, ZIP                     |                                                                   |
| 17. TITLE                  |                                     | 51. TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME                   |                                     | 52. NAME                              |                                                                   |
| 19. STREET ADDRESS         |                                     | 53. STREET ADDRESS                    |                                                                   |
| 20. CITY, ST, ZIP          |                                     | 54. CITY, ST, ZIP                     |                                                                   |
| 21. TITLE                  |                                     | 61. TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME                   |                                     | 62. NAME                              |                                                                   |
| 23. STREET ADDRESS         |                                     | 63. STREET ADDRESS                    |                                                                   |
| 24. CITY, ST, ZIP          |                                     | 64. CITY, ST, ZIP                     |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information was prepared by the corporation or its agent or representative and that my signature shall have the same legal effect as if made under oath. 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 I am an officer or director of the corporation.

SIGNATURE: \_\_\_\_\_ DATE **6-2-95**

CR2E034 (3/95)