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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000056715 (4)

DISCOUNT AUTO BROKERS, INC.

Principal Place of Business Mailing Addross

155 MINGO TRAIL

## FILED Apr 22 1998 8:00am Secretary of State



ACC AIMAGA TRAN	4 144404			
155 MINGO TRAIL SUITE 2-105	155 MINGO TRAIL SUITE 2-105			
LONGWOOD FL \$2750	LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			08/12/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3196000	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		v. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the curre	ent year Intangible
24 25	29	30		Yes 🔀 No
9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered A	gent
BRACÇO, LOUIS		B1 Name		
155 MINGO TRAIL		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 2-105		-   -   -   -	and the second s	
LONGWOOD FL 32750		83		
		84 City		Ta-1 3:- 0-4-
		84 City	FL	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.050;</li> <li>office or registered agent, or both, in the State</li> </ol>	2 and 607.1508, Florida Statu	ites, the above-named cor	rporation submits this statement for the purpose of o	changing its registered
<ul> <li>office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</li> </ul>	of Florida. Such change was itions of, Section 607,0505. F	authorized by the corpora lorida Statutes.	ation's board of directors. I hereby accept the appo	intment as registered
CIGNIATURE				
SIGNATURE Signature, typed or printed name of togesteroid age	of and title Tappicable (NO	II - Rogistered Agent signature requ	uired when reinstating) DATE	
Signature, typed or printed name of registered ages		III - Registered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
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SIDNATURE, Speed or printed trace of Fey steriod age?  12. OFFICE RS ANT  TITLE P  NAME BRACCO, LOUIS  STREET ADDRESS 155 MINGO TRL STE 2-105  LONGWOOD FL	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREFT ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
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