

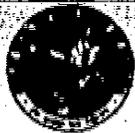
FILE THIS REPORT AFTER MAY 1 1995

APPROVED AND FILED

95 MAY -1 AM 5:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000079501 (1)

1. Corporation Name BUY-RITE AUTO SALES INC.

Principal Place of Business: 2535 MEADOWVIEW CIRCLE WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1993 3a. Date of Last Report: 07/08/1994

4. FEI Number: 59-3214551 Applied For: Not Applicable

5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required

6. Election Campaign Financing: [] \$5.00 May Be Added to Fees

8. This corporation has liability for unapplied tax under S. 199.002 Florida Statutes. [] Yes [X] No

2. Principal Place of Business: 2535 MEADOWVIEW CIRCLE WINDERMERE FL 34786

22. State: FL

23. City & State: WINDERMERE FL

24. Country: FL

9. Name and Address of Current Registered Agent

CAMPBELL, WILLIAM P 2535 MEADOWVIEW CIRCLE WINDERMERE FL 34786

10. Name and Address of New Registered Agent

B1 Name: B2 Street Address: B3 City: B4 FL B5 Zip Code

11. Pursuant to the provisions of Sections 199.002 and 199.003, 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 a resident of the State of Florida.

SIGNATURE: [Signature] Title: [Blank]

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP. Row 1: PD CAMPBELL, KENNETH G, 2535 MEADOWVIEW CR, WINDERMERE FL 34786

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP. Includes checkboxes for Change and Addition.

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.002(5)(b) Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. That I am an officer or director of this corporation or the registered agent or business representative to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 1, on Block 1 or is attached to an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95