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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS



97 JUN 20 MM 7: 1.7

DOCUMENT # P9300083792 (0) 1. Corporation Name AL'S USED CAR SALES & WRECKER SERVICE, INC.						SECRETARY OF STATE TALLAHASSEE FLORIDA				
Principal Place of Business Mailing Address						OBILODI IAO ABIOD AIRA DOLLA DI	HALUUUH KULU	1 0101 1121 1 50 51 1 0 41	0 1/01 180 3	
108010 OVERSEAS HIGHWAY KEY LARGO FL 33037 108010 OVERSEAS HIGHWAY KEY LARGO FL 33037-3116										
					1	ite incorporated or Qua /02/1993		a. Date of Last F 05/01/1996	leport	
2. Principal Place of Business 2a. Mailing Address						I Number			pplied For	
21					6	65-0456764			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						ertificate of Status Desir	ed 🗆		Additional	
22 27								Fee R	equired	
City & State	0	City & State			1	ection Campaign Finance	cing m	•	May Be	
23 Zip	Country	28				ust Fund Contribution	<u>ا ــا</u>		to Fees	
24			30	,		8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes				
24]	9. Name and Address of Current		1301			ime and Address of N				
FILIPOVIC, MIROLJOB 106010 OVERSEAS HIGHWAY KEY LARGO FL 33037				Name Street /	Address (P.O.	Box Number is Not Ac	ceptable)			
			84	City				85 Zip	Code	
## Discount	to the provinces of Sections 607 0502	and 607 160P. Florida Statut	on the about	e named	corporation to	ibmite this statement for		FL B	te registered	
office or r agent I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	f Florida, Such change was a ions of, Section 607,0505, Flo	es, the abov authorized b orida Statute	y the corp s.	oration's boar	rd of directors. I hereby	accept the	appointment as	registered	
SIGNATURE	Signature typed or printed name of registered agent			ent signature	required when rein		D/			
12.	OFFICERS AND	DIRECTORS	13.		A An	DITIONS/CHANGES TO		AND DIRECTOR	R\$ IN 12 Addition	
TITLE	D POOLSO ESIDOL SUD	□ nutre	1.1 TIBLE	[MIN A/Y	ub Filipo ago AD. ago, fé. 33	UrC.	Change	L. Addition	
NAME	FILIPOVIC, MIROLJUB 106010 OVERSEAS HIGHWAY		1.2 NAME	0000000	プリン ノム	000 80.				
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CITY - \$T - ZIP TITLE	D	DELETE	2.1 TULF	51 · 21	regeri	250 // C 33		Change	Addition	
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CITY-ST-ZIP	KEY LARGO FL 33037		2. 4 CITY-	f						
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NAME			4. 2 NAME						1	
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			6.4 City-:							
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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 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 oal am an officer or director of the corporation on 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 chapted for on an attachment with an address.