## 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 # P94000013937 (5)

UFR WHOLESALE CARS INC.

Principal Place of Business

Mailing Address

## FILED Apr 24 1998 8:00am Secretary of State



12199 SEMINOLE BLVD. LARGO FL 34648	4401 - 25TH AVE. NORTH ST. PETERSBURG FL 3371	3		
			DO NOT WRITE IN THI	SSPACE
			. 02/17/1994	
2. Principal Place of Business	2a. Mailing Address	~	4 FELNiumber	Applied For
21 12 199- SEMINE SIN	26 /2/99-5	EMINNED	w. 59-3226492	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>V</b> . <b>V</b> . <b>X</b>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 LARGO FL	City & State  28 LARGO	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 5.A.	29 33778	Country 30 U.S.A	This corporation owes or has paid the corporation owes or has paid the corporation and property Tax due June 30.	current year Intangible Yes No
9. Name and Address of Current			10. Name and Address of New Registere	d Agent
SMOLIC, LOUIS		81 Name	Robert I Sm	11
4401-25TH AVENUE NORTH		82 Street	Address (P.O. Box Number is Not Agceptable)	· · · · · · · · · · · · · · · · · · ·
ST PETERSBURG FL 33713		3	1930-43 Ad AV. W.	
		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607-0502	and 607 1508 Florida Statutes	s the above-named	corporation submits this statement to the purpose	of changing its registered
Pursuant to the provisions of Sections 607,0502 office or registered applie, or both, in the State or agent. I am familia with, and account the obligations.	Florida. Such change was au	thorized by the corp	oration's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE X	Paper T	SAA	ic old-	1-15-00
SIGNATURE product spread or profession of registered agent	and title if applicable (NOTE	Registered Agent signature r	required when reinstating) DATE	_/
12. OFFICE HS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE VSD	DELETE	1.1 TITLE	PITID	Change Addition
NAME SMOLIC, LOUIS	•	1.2 NAME	ROBERT L. SMOLIC	
STREET ADORESS 4401-25TH AVENUE NORTH ST PETERSBURG FL 33713		1.3 STREET ADDRESS	4930-43Rd AV. N.	3700
CHY-ST-ZIP ST PETENSBURG FL 33713	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	VICETERSONS FL 3	Change Addition
NAME		2.2 NAME	JEAN E. SMOLIC	County Management
STREET ADDRESS		2.3 STREET ADDRESS	10260 PRESTON RD.	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	BROOKSVILLE FL 34	1601
TITLE	DELETE	3 1 TITLE	DIAMONTIC COL	Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-\$T-ZIP		3.4. CITY - ST- ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	D por exe	4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME CTREET ADDRESS		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	C) Millie	6.2 NAME		Thomas The Manifold
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with	this filing does not qualify for	the exemption stated	d in Section 119.07(3)(i), Florida Statutes, I further of	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 of 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 for on an attachment with an address.				