FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 30 AM 11:09
... STATE
TALLAHASSEE, FLORIDA

400001504324
-06/02/95--01024--003
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000018200

1. Corporation Name: Oceanside Auto Sales Inc

Principal Place of Business: 540 N Hwy 434 Suite 190, Altamonte Springs Florida 32714

Mailing Address: 5709 Shasta DR, Orlando FL 32810

3. Date Incorporated or Qualified: 3-4-94

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 540 N Hwy 434	26 5709 Shasta DR
Suite, Apt. #, etc. 22 190 Suite	Suite, Apt. #, etc. 27 Oal.
City & State 23 Altamonte Springs	City & State 28 ORlando FL
Zip 24 32714 / Country 25 U.S	Zip 29 32810 / Country 30 U.S

4. FEI Number: 59-3312930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Joseph B Perrone
5709 Shasta DR
Orlando FL 32810

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 607.0502 and 617.0502, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Joseph B. Perrone — Registered agent signature — Date

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Joseph B Perrone
STREET ADDRESS	5709 Shasta DR
CITY-ST-ZIP	Orlando FL 32810
TITLE	Treasurer
NAME	Joseph B Perrone
STREET ADDRESS	5709 Shasta DR
CITY-ST-ZIP	Orlando FL 32810
TITLE	V President
NAME	Francis L Warner
STREET ADDRESS	5709 Shasta DR
CITY-ST-ZIP	Orlando FL 32810
TITLE	Secretary
NAME	Francis L Warner
STREET ADDRESS	5709 Shasta DR
CITY-ST-ZIP	Orlando FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Address changes

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 oath; that I am an officer or a 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 changed, or on an attachment with an address.

SIGNATURE: Joseph B Perrone — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95 (Date) 407 645-5393 (Daytime Phone #)