SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:16

DOCUMENT # **P94000029811 (4)**

1. Corporation Name
BEST DEALS ON WHEELS, INC.

Principal Place of Business	Mailing Address
3001 S PINE AVE OCALA FL 34471	3001 S PINE AVE OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report:
4. FEI Number: 59-3235394 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

9. Name and Address of Current Registered Agent

GRIFFIN, J M
3001 S PINE AVE
OCALA FL 34471

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	PRESIDENT J.M. GRIFFIN 3001 S. PINE AV OCALA, FL 34471	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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 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: J.M. GRIFFIN 6-19-95 904-622-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0112064 CP

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

FILED

DOCUMENT # P94000030138 (9)

1. Corporation Name

MEMBERSHIP REALTY LTD. OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
3200 MILITARY TRAIL SUITE 210 BOCA RATON FL 33431	3200 MILITARY TRAIL SUITE 210 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3200 N. Military Trail	26 3200 N. Military Trail
Suite, Apt. #, etc 22 Suite 300	Suite, Apt. # etc 27 Suite 300
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0483578 ☐ 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

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

9. Name and Address of Current Registered Agent

LENTS, JOSEPH
3200 MILITARY TRAIL
SUITE 210
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

91 Name: Evalyn Champion
92 Street Address (P.O. Box Number is Not Acceptable): 3200 North Military Trail
93
94 City: Boca Raton **FL** 95 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: Evalyn Champion — Evalyn Champion, President — DATE: 03/31/95
(Signature typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	LENTS, JOSEPH	12 NAME	
STREET ADDRESS	3200 MILITARY TRAIL, SUITE 210	13 STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 210
CITY ST ZIP	BOCA RATON FL 33431	14 CITY ST ZIP	
TITLE	D	21 TITLE	D S T ☒ Change ☐ Addition
NAME	MURPHY, LORETTA	22 NAME	
STREET ADDRESS	3200 MILITARY TRAIL, SUITE 210	23 STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 210
CITY ST ZIP	BOCA RATON FL 33431	24 CITY ST ZIP	
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	RICHARD E. MARCHETTA
STREET ADDRESS		33 STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 300
CITY ST ZIP		34 CITY ST ZIP	BOCA RATON, FL 33431
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	CHRISTIAN E. CARLSEN
STREET ADDRESS		43 STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 300
CITY ST ZIP		44 CITY ST ZIP	BOCA RATON, FL 33431
TITLE		51 TITLE	P ☐ Change ☒ Addition
NAME		52 NAME	EVALYN CHAMPION
STREET ADDRESS		53 STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 300
CITY ST ZIP		54 CITY ST ZIP	BOCA RATON, FL 33431
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 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: Evalyn Champion — Evalyn Champion, President — 03/31/95 — (407) 998-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0250014 CP