

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031175 (0)

1. Corporation Name

WHEELS AUTO SALES HOLDING COMPANY

Principal Place of Business

1320 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL 33401

Mailing Address

1320 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL 33401

APPROVED
AND
FILED

95 MAY 25 AM 11:14

SEAL OF THE FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

700001501107
-05/30/95--01028--009
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1994
3a. Date of Last Report

4. FEI Number ☒ 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

MAUD, ALAN
1320 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL 33401

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 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

Signature of person or persons registered agent, officer, director, or shareholder

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SINGER, MICHAEL
STREET ADDRESS 1320 OLD OKEECHOBEE ROAD
CITY, ST, ZIP WEST PALM BEACH FL 33401

TITLE D
NAME MAUD, ALAN
STREET ADDRESS 1320 OLD OKEECHOBEE ROAD
CITY, ST, ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

15 TITLE ☐ Change ☐ Addition
16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP

19 TITLE ☐ Change ☐ Addition
20 NAME
21 STREET ADDRESS
22 CITY, ST, ZIP

23 TITLE ☐ Change ☐ Addition
24 NAME
25 STREET ADDRESS
26 CITY, ST, ZIP

27 TITLE ☐ Change ☐ Addition
28 NAME
29 STREET ADDRESS
30 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-20-95
DATE