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



FLORIDA DEPARTMENT OF STATE

ANNU	NUAL REPORT Section Se		Secretary of S	ra B. Mortham cretary of State OF CORPORATIONS			Secretary of State					
	MENT # P940(I FLORIDA AUTO SALES,	0003939 , inc.	2 (3)		•				611 6 611 11) 1 141 111
Principal Place of Business 17832 S DIXIE HWY MIAMI FL 33157 US		17832 S DIX PRINCETON	Mailing Address 17832 S DIXIE HWY PRINCETON FL 33157 US				DO NOT WRITE IN THIS SPACE					
2. Principal P 21 Suite, Apt.	iace of Business	28. Mailing A				<u>.</u>	3. Date Inc 05/19 4. FEI Num 65-0	/1994	or Qualifi	ed	No	oplied For of Applicable
22	#, etc.	27 Suite, Apr	#, etc.		_		5. Certifice	ite of Statu	s Desired		\$8.75 Fee Re	
City & State	9	City & Sta	ite				6. Election	Campaigr		9 🗀	\$5.00 Added	
Zip 24	Country 25	Zip 29	30	Country	у		B. This cor		wes or ha	s paid the c	urrent year int	
	9. Name and Address of Curr	rent Registered Age	nt	81	Name		10. Name s	nd Addre	s of New	Registered	l Agent	
SVADBIK, JOHN 17832 S DIXIE HWY MIAMI FL 33157				82	Street	eet Address (P.O. Box Number is Not Acceptable)					······································	
				83 84				- <u></u>		FI	85 Zip	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sam m familiar with, and accept the Ab	ZVWX//_'						s this state directors. I	ment for t hereby a	he purpose ocept the ap		s registered registered
12.	Signature, typed or pointed name of registered OFFICERS A	AND/DIRECTORS	·	itered Age	ent signature	required t	when reinstating) ADDITIO	NS/CHÂÑG	SES TO O	DATE FFICERS AN	ID DIRECTOR	IS IN 12
TITLE NAME STREET ADDRESS	VP SVADBIK, ANTON 13480 SW 248 STREET		1	.1 TITLE .2 NAME .3 STREET	I ADDRESS	' '	832	5.0	414	Huzo	Change	Addition
CITY-ST-ZIP TITLE	MIAMI FL 33032			4 CHY-S	ST-ZIP	_M:	AMI	FL	3	3157	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SVADBIK, JOHN 1348) SW 248 STREET MIAMI FL 33032		2	.2 NAME .3 STREET	I ADDRESS		832 MIAMI					
TITLE NAME STREET ADDRESS	THE WATER CONTRACTOR OF THE PARTY OF THE PAR		DELETE 3	1 TITLE 2 NAME	ADDRESS	<i>1</i>	·· (gr gire			<u> </u>	Change	☐ Addition
CITY-ST-ZIP TITLE NAME			DELETE 4	4. CITY-S .1 TITLE . 2 NAME					<u> </u>		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE 5	.3 STREET .4 City - S .1 Title .2 Name	ADDRESS ST-ZIP						Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			5.		I ADORESS ST-ZIP						Change	☐ Addition
NAME STREET ADDRESS			6.	2 NAME	ADDRESS							

14. Thereby 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 oath; that I am an officer or director of the corporation or the receiver of 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 attachnool with an address.

SIGNATURE:

3-19-98

FILED

Mar 26 1998 8:00am