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FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000041753 (2)

1. Corporation Name  
SECOND CHANCE AUTO SALES, INC.



Principal Place of Business  
1816 NORTH DIXIE HIGHWAY  
STE C1  
FT. LAUDERDALE FL 33305

Mailing Address  
1816 NORTH DIXIE HIGHWAY  
STE C1  
FT. LAUDERDALE FL 33305-3849

3. Date Incorporated or Qualified 06/03/1994 3a. Date of Last Report 08/09/1996

2. Principal Place of Business  
21 801 NE 12 ST.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 4492  
Suite, Apt. #, etc.

4. FEI Number 65-0503514 OK Applied For Not Applicable

22 City & State  
23 FT. LAUDERDALE, FL.

27 City & State  
28 FT. LAUDERDALE, FL.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33304 25 Country Broward

29 Zip 33338 30 Country Broward

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

CASTAGNA, PATRICK  
8405 - 2 BAYCLUB DRIVE  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name PATRICK CASTAGNA  
82 Street Address (P.O. Box Number is Not Acceptable) 8405-2 BAYCLUB DR.  
83  
84 City FT. LAUDERDALE FL 85 Zip Code 33308

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 *Patrick Castagna* 4-30-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| TITLE           | PD                       | <input type="checkbox"/> DELETE |
| NAME            | DISCALA, NICOLA          |                                 |
| STREET ADDRESS  | 7 RIVERWALK LANE         |                                 |
| CITY - ST - ZIP | NORWALK CT 06850         |                                 |
| TITLE           | VD                       | <input type="checkbox"/> DELETE |
| NAME            | CASTAGNA, PATRICK        |                                 |
| STREET ADDRESS  | 54 ISLE OF VENICE #5     |                                 |
| CITY - ST - ZIP | FORT LAUDERDALE FL 33301 |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do hereby 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 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 unchanged, or on an attachment with an address.

SIGNATURE: *Patrick Castagna* 4-30-97 (954) 938-1138  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)