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

Mailing Address

6400 TAFT STREET

HOLLYWOOD FL 33024-4111

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

6400 TAFT STREET

HOLLYWOOD FL 33024



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

3a. Date of Last Report

05/01/1996

3. Date Incorporated or Qualified

4-26-9

06/17/1994

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045427 (9)

TAFT STREET AUTO CENTER, INC.

2. Principal P	hace of Busin		2a. Mailing Address						4. FEI Number	Ap	plied For			
21				26					- 1	65-0499087		No	t Applicable	
Suite, Apt	Suite, Apt. #, etc.				Suite, Apt. #, etc.				T T	5. Certificate of Status Desired	П	\$8.75	Additional	
22				27						6. Certificate of Status Desired	ш	Fee Re	quired	
City & State				City & State						6. Election Campaign Financing	1/	\$5.00	May Be	
23		2	28						Trust Fund Contribution	X	Added t			
Zip	,	Country		Zip Zou			intry	ntry		8. This corporation has liability for	r Intangible	tax under s.	199.032,	
24		25	2							Florida Statutes Yes No				
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent						
CIMINO, JOSEPH G								Name						
1160				82 Street Addre			s (P.O. Box Number is Not Accept	ablet						
PEMBROKE PINES FL 33026														
1.				83										
				<u>.</u>			4 City 185 Zip Code							
									City S Zip Code					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a								on oboug pomod corporation cultivities this statement for the						
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.														
.		ri, and doodpe t	io obligations	01, 0001	(Or (OD) :00000; FR	orion cha	iulos	•						
SIGNATURE	Signature typed	or printed name of reg	stered agent and	title if applic	able. (NOT	E: Registere	o Ager	ni sionalure rec	ouined v	when reinstating)	DATE			
12.		OFFICE	RS AND DIF	ECTORS		13.			•	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12	
TITLE	DP				DELETE	1.1 TI	TLE	<u> </u>				Change	Addition	
NAME	MORRA, 8	Yandık			1.2 N	AME					_ •	- [
.STREET ACORESS	6400 TAF	t street				ADDRESS :	is [
CITY-ST-Z-	HOLLYWO	OD FL										İ		
TITLE	VST			DELETE			1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition	
NAME	CIMINO, J	OSEPH G				2.2 N			<u> </u>		Last Original	7,00/1/01/		
STREET ADDRESS	6400 TAF							ADDRESS					1	
CITY-S1-ZIP	HOLLYWO				•									
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NAME						3.2 N						LI Change LI Addition		
STREET ADDRESS							ADODECC		•					
							3 3 STREET ADDRESS							
CHY-ST-ZiP				☐ DELETE			3.4. CITY-ST-ZIP					П оъ		
JOLE				· ·			4.1 TITLE 4.2 NAME					Change	Addition	
NAME							i		•					
STREET ADDRESS								ADDRESS						
C(1Y - 51 - 2)P				44C				-ZIP					1 1 1 1 1 1 1	
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NAME										800002188068				
STREET ADORESS	SS						REET /	EET ADDRESS		-05/22/9701058018				
CITY ST 2IF	540							-ZIP						
:TITLE					☐ DELETE	6 1 TI	TLE	1				Change	Addition	
'NAME			62 N	AME	1				_	_				
-STREET ADORESS								ADDAESS		CS				
CHY-S1-209							64 CITY-ST-ZIP						113/97	
:14. I do heret	by certify that in indicated a	the information :	supplied with	this filing	g does not qualit	y for the	exer	nption stat	ed in	Section 119.07(3)(i), Florida Statu y signature shall have the same leg	es. I further	certify that	the	
i am an o	inicer or aired	tor of the corpor	ation or the r	eceiver c	or trustee empow	ered to e	XOCC	ite this rep	orta:	y signature shall have the same leg s required by Chapter 607, Florida	Statutes; ar	n made und id that my n	ame	
appears i	in Block 12 or	Block 13 if char	iged, or on a	n atlach	ment with an add	lress.				• •		•	!	