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Mar 27 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 # P94000055030 (8)

1. Corporation Name

NATIONAL AUTO PROPERTIES - 2, INC.



Principal Place of Business

1605 S MISSOURI AVE
CLEARWATER FL 34616

Mailing Address

1605 S MISSOURI AVE
CLEARWATER FL 34616-1220

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

04/16/1996

4. FEI Number

86-0768362

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

9. Name and Address of Current Registered Agent

ELMORE, DAVID
1605 S MISSOURI AVE
CLEARWATER FL 34616

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, type or print name of registered agent and fee, if applicable

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

DP ☐ DELETE
NAME LEVIN, LEONARD D.
STREET ADDRESS 1605 S, MISSOURI AVENUE
CITY-STATE-ZIP CLEARWATER FL

VP ☐ DELETE
NAME ELMORE, DAVID
STREET ADDRESS 1605 SO MISSOURI AVENUE
CITY-STATE-ZIP CLEARWATER FL

ST ☐ DELETE
NAME DOLESKY, MYRA A.
STREET ADDRESS 962 E ISABELLA AVENUE
CITY-STATE-ZIP MESA AZ

DVP ☐ DELETE
NAME LEVIN, CAROL J.
STREET ADDRESS 1605 S MISSOURI AVENUE
CITY-STATE-ZIP CLEARWATER FL

☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME CORRECTION
3.3 STREET ADDRESS POLESKY, MYRA A
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 included 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

President Leonard D. Levin 8-15-97 818-581-4661

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04412A

CR2E034 (9/96)