

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

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Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/22/1994 4. FEI Number 86-0768362 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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 85 Zip Code	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	LEVIN, LEONARD D.	1.2 NAME	
STREET ADDRESS	1605 S. MISSOURI AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 33756	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	
NAME	ELMORE, DAVID	2.2 NAME	
STREET ADDRESS	1605 SO MISSOURI AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 33756	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	
NAME	POLESKY, MYRA A	3.2 NAME	
STREET ADDRESS	902 E ISABELLA AVENUE	3.3 STREET ADDRESS	1900 E. Windsong
CITY - ST - ZIP	MEGA AZ	3.4 CITY - ST - ZIP	Apache Junction, AZ 85219
TITLE	DVP	4.1 TITLE	
NAME	LEVIN, CAROL J.	4.2 NAME	
STREET ADDRESS	1605 S MISSOURI AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 33756	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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, if changed, or on an attachment with an address.

SIGNATURE: Leonard D. Levin, Pres. 3-14-98 (813)-581-4061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3-14-98

CR2E034 (10/97)