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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000059650 (9)

D.T.S. AUTO, INC.

## FILED May 05 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address 12550 MILITARY TRAIL 11119 BLUE CORAL DRIVE **BOYNTON BEACH FL 33436** BOCA RATON FL 33498 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1265 @ MILITARY TRAIL 26 65-0510829 Not Applicable Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 PP LAI ANY 29 9. Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 ROSALES, DAVID J 11119 BLUE CORAL DRIVE Street Address (P.O. Box Number is Not Acceptable) **B2 BOCA RATON FL 33498** 83 84 City Zip Code B5 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, typed or printed name of registered agent and title diapplicator (NCITE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 11111146 Change ROSALES, DAVID J NAME 1.2 NAME 11119 BLUE CORAL DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-2IP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP 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 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 epipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change I are an all actiment with an address.