FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000068193 (9) **DOCUMENT #** 

INTERSTATE AUTO SALES, INC.

Principal Place of Business Mailing Address  2324 CENTRAL AVENUE 2324 CENTRAL AVENUE ST. PETERSBURG FL 33712 ST. PETERSBURG FL 337 US US							
Deigologi Disea of Day				3. Date Incorporated or Qualified			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-7031980	Φ.	Not Applicable	
22		27			5. Certificate of Status Desired		<b>8.75</b> Additional Fee Required
City & Sta		City & State			Election Campaign Financing     Trust Fund Contribution		55.00 May Be Added to Fees
Zip 24]	Country 25	Zip	Countr	у	8. This corporation has liability for in		der s 199.032,
=71	9. Name and Address of Curre	29   ent Registered Agent	30		Florida Statutes  10. Name and Address of New Re	∏ No	
			81	Name	10. Name and Address of New A	egistered Ager	)I
2324 C	ey, brent t. Entral avenue Tersburg fl 33712		82 83		iress (P.O. Box Number is Not Acceptabl	e) 85	i Zip Code
Or rediste	to the provisions of Sections 607.050 gred agent, or both, in the State of Flor fith, and accept the obligations of, Sec Signature, typed or printed name of registered age.	nda. Such change was authori, xtion 607.0505, Florida Statute	zed by the arp s.	ooration \$ pos	oration submits this statement for the purp and of directors. I hereby accept the appo	intment as regis	 g its registered office tered agent. I am
12.	OFFICERS AN	ND DIRECTORS	13.	is signature requir	ADDITIONS/CHANGES TO OFFIC	DATE PEOC AND DIDE	COTODO IN 40
TITLE	PST	DELETE	. 1. 1 NTLE		ASSITIONO OF ANGLE TO OFFIC		
NAME	SHEPPEY, BRENT T.		1.2 NAME			_	
STREET ADDRESS	14 CRESCENT PLACE SOUT	ዝ	1.3 STREE	ADDRESS			
CITY-ST-ZIP TITLE	ST. PETERSBURG FL	FTOURT	1.4 CrTY-1	ST-ZIP			
NAME		[]] DELETE	2. 1 TITLE	İ		Cna	ange 🔲 Addition
STREET ADDRESS			2.2 NAME	4000000			
CITY-ST-ZIP			2.3 STREET				
TITLE	☐ DELETE		2.4 CHY-5 3.1 TITLE	51 - ZIF		Cha	ange Addition
NAME			3.2 NAME				Ingo [] Addition
STREET ADDRESS			3.3. STREE	ADDRESS			
CITY-ST-ZIP			3 4 City - 5	1-ZIP			
TITLE	DELETE		4 1 TITLE			☐ Cha	inge 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			43 STREET	ADDRESS			
CITY - ST - ZIP TITLE		Fibrier	4.4 CITY - S	T-21P			
NAME	DELETE		5. 1 TITLE	l		☐ Cha	nge 🔲 Addition
STREET ADDRESS			5.2 NAME				
CITY-S1-ZIP			5.3 STREET				
TITLE		DELETE	5.4 CITY+S	T-ZIP		F	
NAME		[_] been	6 1 THLE			Cha	nge 🔲 Addition
STREET ADDRESS	1		6.2 NAME	ADDDCCC			
CITY-ST-ZIP			6.3 STREET				
14. I do hereb certify that	y certify that the information supplied t the information indicated on this annu I am an officer or director of the corpo Block 12 or Block 13 if changed, or o	ration of the receiver of to let	uai reporcia du	not qualify f	or the exemption stated in Section 119.0 te and that my signature shall have the sa s report as required by Chapter 607, Flori	7(3)(k), Florida Si ame legal effect da Statutes; and	tatutes, I further as if made under d that my name

OFFICER OR DIRECTOR SHEPPEY April 25/96 (8/3)-323-3393