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1997

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FLORIDA DEPART ENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070021 (8)

MARC A. MICHAELS AUTO BROKER, INC.

**FILED** May 14 1997 8:00am Secretary of State



1 1111014111111111111	Principal Place of Business Mailing Address					{			
104 HEMINGWAY CT 104 H			4 HEMINGWAY CT 1YAL PALM BEACH FL 33411-1504			!	4		
HOTAL PALM	1 BEACH FL 33411-1304	MUTAL PAL	M DEAGH FL	. 3341111304					·
						<ol> <li>Date Incorporated or Qualified</li> <li>09/20/1994</li> </ol>		of Last R <b>0/1996</b>	eport
	Place of Business	2a. Mailing	Address			4. fEl Number			plied For
1		26				59-3273507			t Applicable
Suite, Apt	I #, etc.	27 Suite, A	pt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	nte	City & S	State	<del></del>	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		\$5.00	May Re
3		28				Trust Fund Contribution		Added	
Ζip	Country	Zip		Country		8. This corporation has liability for			199.032,
4	25	[29]		30	<del></del>		Yes 🗆		
	9. Name and Address of	Current Hegistered Ag	ent	81	Name	10. Name and Address of New R	egistered A	gent	
	CHAELS, MARC A			*'	Name				
	4 HEMINGWAY CT	14 4604		82	Street Add	dress (P.O. Box Number is Not Accepta	ible)		
HU	OYAL PALM BEACH FL 3341	11-1504		83		**************************************	····	<u> </u>	
					·		· / • • • • • • • • • • • • • • • • • •		
				84	City		FL	<b>85</b> Zip (	Code
11. Pursuan	t to the provisions of Sections 6	07.0502 and 607.1508.	Florida Stati	utes, the above	-named cor	poration submits this statement for the		hanging it	s registere
office or	registered agent, or both, in the	e State of Florida, Such	change was	s authorized by	the corpora	poration submits this statement for the ation's board of directors. I hereby acce	on the appoi	intment as	registered
		c of iligations of occurre	1 007.0000, 1	Torica Statolos	•				
OLONG THE COL									
SIGNATŮRE	Signature, typical or printed name of regis	fored agent and tele if applicable	(NC	OTE Registered Ager	nt signalure requ	ired when reinstating)	DATE		
	Signature, typied or printed name of regis  OFFICE	RS AND DIRECTORS	(NC	OTE Registered Ager	nt signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
12.	Stgridture, typied or printed name of regis	RS AND DIRECTORS	DELETE		nt signature requ	~	CERS AND (	OIRECTOR Change	
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