

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

FILED

Apr 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000070997 (9)**

1. Corporation Name  
**411 AUTO SALES, INC.**

Principal Place of Business <b>304 S DIXIE HWY E POMPANO BEACH FL 33060 US</b>	Mailing Address <b>304 S. DIXIE HWY E POMPANO BEACH FL 33060 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/27/1994</b>	3a. Date of Last Report <b>07/29/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0527515</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FARBSTEIN, DAVID R ESQ 2765 W CYPRESS CREEK RD FT LAUDERDALE FL 33309</b>				10. Name and Address of New Registered Agent	
				81 Name	<b>Samuel A. Price</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>1881 NE 26th St - Ste 236</b>
				83	
				84 City	<b>Ft. Lauderdale, FL</b>
				85 Zip Code	<b>33305</b>

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: Samuel A. Price DATE: 1-31-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>D - President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>IANZANO, JOSEPH</b>			1.2 NAME	<b>Guy McKenzie</b>		
STREET ADDRESS	<b>304 S DIXIE HWY E</b>			1.3 STREET ADDRESS	<b>304 S. Dixie Hwy</b>		
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>			1.4 CITY-ST-ZIP	<b>Pompano Beach, FL</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>D - Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>IANZANO, BARBARA</b>			2.2 NAME	<b>JOHN A. RAHILLI</b>		
STREET ADDRESS	<b>304 S DIXIE HWY W</b>			2.3 STREET ADDRESS	<b>304 S. DIXIE HWY</b>		
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>			2.4 CITY-ST-ZIP	<b>Pompano Beach, FL</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RODEBRO, BARBARA</b>			3.2 NAME			
STREET ADDRESS	<b>304 S DIXIE HWY E</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-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 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: Guy McKenzie DATE: 1/31/97 DAYTIME PHONE: 954-941-9811

CR2E034 (9/96)