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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name BEST BUY CAR SALES, INC.	0/53/0				
Principal Place of Business	Mailing Address		1 1981/251 (18 1911/ 2/21) 9711/ 2811 9711/ 2811/ 3811/	1888: 81188 mm m	Ball dail iadi
3530 TYRONE BLVD. 8290 BAY PINES!					
ST. PETERSBURG FL 33710 US 33710 US 33710		_	DO NOT WRITE IN THIS	SPACE	
23 10 1	27	104	3. Date Incorporated or Qualifed		
			10/10/1994		
2. Principal Place of Business	Place of Business 2a. Mailing Address		4. FEI Number Applied For		lied For
21	26		59-3273885		Applicable
Suite, Apt. #, etc.	Suite-Apt. #. etc.		5. Certificate of Status Desired	\$8.75 A	
22	27				•
City & State	— — — — — — — — — — — — — — — — — — —		6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	
Zip Country	Country Zip		Country 8. This corporation owes the current year Intangible		71003
24 25			Personal Property Tax.		□No
9. Name and Address of Currer		<u> </u>	10. Name and Address of New Registered	Agent	
		81 Name			
FETT, JOSEPH M 803- PONCE DE LEON D R 8290	RAY DINES RL	Street A	ddress (P.O. Box Number is Not Acceptable)		
803 PONCE DE LEON DR 803 TO	Coccoo oc C	- Jan Gudetii	dayoo (r.e. box (tanza to ter too part)		
TIERRA VERDE FL 33715- ST.P			,		
	33100	84 City		85 Zip C	ode
		,		• <u> </u>	,
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	of Florida. Such change was auth	norized by the corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoint	changing its r intment as reg	registered istered
SIGNATURE					
Signature, typed or printed name of registered agei		egisterød Agent signature red		UD DUDECTO	DC IN 42
Signature, typed or printed name of registered age 12. OFFICERS AN	ID DIRECTORS	13.	quired when reinstating) . DATE ADDITIONS/CHANGES TO OFFICERS Af		
Signature, typed or printed name of registered ages 12. OFFICERS AN TITLE PTD	D DIRECTORS	13. 1.1 TITLE		ND DIRECTOR	RS IN 12
Signature, typed or printed name of registered age 12. OFFICERS AN TITLE PTD NAME FETT, JOSEPH M	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME			
12. OFFICERS AN TITLE PTD NAME FEIT, JOSEPH M STREET ADDRESS 803-PONCE DE LEON DR	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
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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, by on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP