

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 1997 8:00am
Secretary of State

| | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P94000083297 (9)**

1. Corporation Name
JASON'S AUTO SALES, INC.



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|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business 7000 S.W. 22ND CT. 127B DAVIE FL 33009 US | Mailing Address 7000 SW 22ND COURT 127B DAVIE FL 33317 US |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------------------------------|----------------------|----------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 11/15/1994 | 3a. Date of Last Report 06/13/1996 |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 65-0535429 | Applied For Not Applicable |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 33317 | Country 25 | Zip 29 | Country 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------|-----------------------------|
| 9. Name and Address of Current Registered Agent CIAVATTO, DOMINIC L 2201 SHERIDAN ST HOLLYWOOD FL 33020 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name SHARON KRAFT | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) ABC BOOKKEEPING SERVICE 6800 Cody St | |
| | | | | 83 | |
| | | | | 84 City Hollywood | 85 Zip Code 33024 |

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 Sharon Kraft ABC Bookkeeping Service DATE 7/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | | | | | |
|----------------------------|----------------------|--------------------------------------------|--|-------------------------------------------------------|------------------------------------------------------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CIAVATTO, DOMINIC L. | | | 1.2 NAME | | | |
| STREET ADDRESS | 1016 GUANA ISLES | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | PST | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | BAMEL, MURRAY | | | 2.2 NAME | | | |
| STREET ADDRESS | 200 GATE RD APT N101 | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | | 2.4 CITY-ST-ZIP | 33024 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | SECRETARY | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | ROSALYNB BAMEL | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | 2102 SW 72 Ave DAVIE FL 33317 | | |
| 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.

CR2E034 (4/97)