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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092399 (2)

TEAM AUTOMOBILE SALES & FINANCE, INC.

Principal Place of Business Mailing Address SOON & WARLEMOTON AVE 5200 S. WASHINGTON AVE

FILED May 18 1998 8:00am Secretary of State



TITUSVILLE FL 32780		TITUSVILLE FL 32780		DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualified	I OVE
					·	
2. Principal P	Place of Business	2a. Mailing Address			12/22/1994 4, FEI Number	Applied For
21	26				59-3284547	Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	elc.			\$8.75 Additional	
22 City & State		27 City & State			5. Certificate of Status Desired	Fee Required
23	C	<u>}</u>			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	[28] Zip	Country			Added to Fees
24	25		29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curre		301		10. Name and Address of New Registered A	·
ur	TCHINSON, JAMES N JR		81	Name	10.	
5200 8, Washington ave Titusville fl 32780			82	Street	Address (P.O. Box Number is Not Acceptable)	
	USVILLE FL 32/60		83	 		
				<u> </u>		
			84	City	FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	s the above	o named	corporation submits this statement for the purpose of	obanoina ite registered
office or r	registered agent, or both, in the State	e of Florida, Such change was au	thorized by	y the corp	poration's board of directors. Thereby accept the appointment of the purpose of	ointment as registered
agent. I a	im familiar with, and accept the obliq	gations of, Section 607.0505, Flori	ida Statule	s.		
SIGNATURE	Signature, typed or printed name of registered ag	NOTE	Registered An	on Leannest ne	required when reinstating) DATE	
12.		NO DIRECTORS	13.	are arginatore	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change X Addition
NAME	SMITH, GARY R		1.2 NAME		Stebel Donna	- , ,-
STREET ADDRESS	5200 S. WASHINGTON AVE		1.3 STREET	ADDRESS	52 005, Washington Ave	
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 City-5		Siebel, Donna 5200s. Washington Ave Titusville, FL 32780	İ
TITLE	V	DELETE	2.1 TITLE		11.000100	Change Addition
NAME	VIHTELIC, LEONARD		2.2 NAME			
STREET ADDRESS	5200 S. WASHINGTON AVE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		2. 4 CITY -			
TITLE	VS	☐ DELETE	3.1 TITLE			Change Addition
NAME	HUTCHINSON, JAMES N JR		3.2 NAME			
STREET ADDRESS	5200 S. WASHINGTON AVE		3.3 STREET	ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	į		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	iF-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	1 - 21P		
TITLE		DÉLETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADORESS		
CITY-ST-ZIP			6.4 C(TY - S			

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, or on an attachment with an address.