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

PROFIT
CORPORATION
ANNUAL REPORT
1997

STREET ADDRESS

I do hereby certify that the information indicated on this annul am an officer or director of the gappears in Block 12 or Block 13/1

tion sumplied w



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 08 1997 8:00am

Secretary of State

## POCUMENT # P9400093182 (1)

FLORIDA AUTOMOTIVE WHOLESALE, INC.

Principal Place of Business Mailing Address		Mailing Address		- 1 1801   001   10 1011   8 1011   0011   0411	EDARL DERFO LETER 11101 FEDDS 18118 1186 1901
85208 LAKE E ZEPHYRHILLS	DWARD DR. Fl. <b>33541</b>	6222 US HWY 301 \$ RIVERVIEW FL 33569-3827 US			
-				3. Date Incorporated or Qualificately 12/23/1994	d 3a. Date of Last Report 05/01/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FLt Number	Applied For
21		26		59-3301952	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	<del>)</del>	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29 33569-1056			or iptangible tax under s. 199,032,
	9, Name and Address of Curre			10. Name and Address of New	/
ALL	EN, DANIEL S		81 Name	oiel S. ALLEN	
447 THIRD AVE., STE. 203			82 Street Addre	ss (P.O. Box Number is Not Accep	table)
ST.	PETERSBURG FL 33701		6322		3·
:			83	(	
			84 City		85 Zip Code
		The second secon	River	1 rew	FL    33569~1054
office or re agent. I a	io the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblic	uz and 607.1508, Florida Statute e of Florida. Such change was a gations of, Section 607.0505, Flor	is, the above-named corpo ulhorized by the corporation rida Statutes.	pration submits this statement for the on's board of directors. I hereby acc	e purpose of changing its registered cept the appointment as registered
SIGNATURE					
	Signature, typod or printed name of registered ac		Hogistered Agent signature require		DATE.
12.	OFFICERS AF	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  S Change  Addition
NAME	, Allen, Daniel	vicen	1.2 NAME		S change
STREET ADDRESS	6222 US HWY 301 SOUTH		1.3 STREET ADDRESS		3827
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY - ST- ZIP		33569-000
TITLE		DELETE	2.1 TITLE	THE RESERVE OF THE PROPERTY OF THE PARTY OF	☐ Change ☐ Addition
NÁME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 C(1Y+S1-Z)P		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME -			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T Street	3 4 CITY-ST-ZIP		
TITLE		☐ DELFTE	4.1 TITLE		☐ Change ☐ Addition
NAME .			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C(1) Y · ST - Z(P 5.1 T(TLE		☐ Change ☐ Addition
NAME		_ virre	5.2 NAME		E Change E Moutton
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY+S1-ZIP		
TITLE		DETETE	6 1 7 7 7 7		Change Addition

ling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the I annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that it or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name