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

Mailing Address

2449 GRAND BLVD

HOLIDAY FL 34690-4508

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2449 GRAND BLVD

HOLIDAY FL 34690

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000006211 (3)

SAVE A LOT AUTO SALES, INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 01/20/1995 08/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 810181816 59-329 1206 Not Applicable 21 26 Suite, Apt. #. etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country Z_{10} 8. This corporation has liability for intangible tax under s. 199.032, Yes DE-No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent A1 Name KOUTSOPANAGOS, PETROS 2449 GRAND BLVD 82 Street Address (P.O. Box Number is Not Acceptable) HOLIDAY FL 34690 83 Zip Code 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE DIFFE KOUTSOPANAGOS, PETROS 1.2 NAME CR2E034 2449 GRAND BLVD 1.3 STREET ADDRESS STREET ADDRESS HOLIDAY FL 34890 1.4 CITY - ST - ZIP CITY-ST ZIP DELETE Change Addition 2.1 TITLE THILE KOUTSOPANAGOS, PETER 22 NAME NAME 2449 GRAND BLVD 2 3 STREET ADDRESS STREET ADDRESS HOLIDAY FL 34690 2.4 CITY-ST-ZIP CITY ST-7IP DELETE 3.1 TITLE Change Addition TOTAL 3.2 NAME NAME 3 3 STREET ADORESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition THLE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY ST-2IF DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP C:TY-ST-ZIF DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 eath; 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

FILED Apr 04 1997 8:00am Secretary of State

