FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P95000020311 (3)

DAYTO Principal Place of	ONA BEACH USED CARS	Mailing Address							ļ
1101 NORTH DIXIE FREEWAY 1101 NORTH DIXIE FRE NEW SMYRNA FL 32168 NEW SMYRNA FL 3216									
mere Vm (III		TEN CHITTEN IL			3. Date Incorporated or Qualified 03/13/1995	3a. Date o	of Last Rep	xort	_
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	1	Ar	oplied For	
21		26			59-3304949			ot Applicable	4
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	D	\$5.00 May Be		
		28	7		Trust Fund Contribution LJ Added to Fees 8. This corporation has liability for intangible tax under s 199.032,				4
Zip Country Zip 29			Country 30	·					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					_
			81 N	lame					
	Y, VIRGIL R		82 5	treet Addre	ess (P.O. Box Number is Not Acceptabl	e)			-
	. DIXIE FREEWAY		83						\dashv
NEW S	MYRNA BCH. FL 33168		[83]						╛
			84	lity		FL	85 Zip	Code	
or registered familiar with	d agent, or both, in the State of Floric , and accept the obligations of, Section	la. Such change was author on 607.0505, Florida Statute	ized by the corpora es.	tion's board	ation submits this statement for the purp d of directors. Thereby accept the appo	oose of chan intment as re	ging its rec egistered a	gistered office igent. I am	
12.	gnature, typed or printed name of registered agent a OFFICERS AND		KOTE Flegistered Agent sig	ing he teranga	ADDITIONS/CHANGES TO OFFI		DIRECTOR	IS IN 12	- 6
TITLE	DP	☐ DELETE	1. 1 TAILE				Change	☐ Addition	12
NAME	CLEARY, VIRGIL R		1.2 NAME						8
STREET ADDRESS	1101 N. DIXIE FREEWAY		1.3 STREET ADS	DRESS					
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32		1.4 CITY - ST - Z	Œ			Change	Addition	CR2E034 (12/95)
TITLE	DVP Cleary, Jeannette R	☐ DELETE	2 1 TITLE 2 2 NAME			Ų	Change	☐ Addition	ľ
NAME STREET ADDRESS	1101 N. DIXIE FREEWAY		2.3 STREET AD	22490					
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32	168	2 4 City - S1 - Z						١.
TITLE		☐ DELETE	3 1 THLE		·· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME			3.2 NAME	İ					
STREET ADDRESS			3.3 STREET AD	1					
CITY-ST-ZIP TITLE		DELETE	3.4 CrTY-ST-Z	P			Change	Addition	
NAME			4.2 NAME				onango		
STREET ADDRESS			4.3 STREET AD	DRESS					
C/TY-ST-ZIP			4.4 CITY - \$T - Z	IP	00000179				_]
TITLE		[] DELETE	5. 1 T TLE		0000017 -03/20/3601	J16- B	h Change	■ Addition	
NAME			5.2 NAMÉ		***200.00				
STREET ADDRESS			5.3 STREET ADI						
CITY-S1-ZIP		[] DELETE	5 4 C+1Y - S1 - 7	.P			Change	☐ Add∗tion	\dashv
TITLE			6 1 TITLE 62 NAME			L	. W	<u>~</u>	
NAME STREET ADDRESS			6.3 STREET AD	DRESS			Σ,	المراحر	
CITY-ST-ZIP			. 64 CITY - ST- Z				9	>	
14. I do hereby	certify that the information supplied v	vith this filing is voluntarily fu	mished and does n	ot qualify fo	or the exemption stated in Section 119.	07(3)(k), Flori	da Statute	s. I further	
certify that to eath; that I sappears in t	the information indicated on this annularn an officer or director of the corpo Block 12 or Block 13 if changed, or c	ai report or supplemental ar ration or the receiver or trus in an attachment with an ad	inual report is true a sec empowered to d dress.	execute this R . ()	te and that my signature shall have the proportial required by Chapter 607, Flo	same legal e orida Statute:	nece as if r s; and that	nace under niy name	
SIGNATI	JRE: レーヘー	PRINTED NAME OF SIGNING OFFI	Pres.		2.23.96 G	JCX -1551	-OSOS tinic Phone k		