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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023249 (2)

ROONEY AUTO SALES, INC.

18E SOUTH B KISSIMMEE FI		1001 N. CENTRAL AVE. KISSIMMEE FL 34741 US		DO NOT WRITE IN THI 3. Date Incorporated or Qualified 03/21/1995	IS SPACE
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3324707	Not Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Registers	d Agent
101 KIS	ONEY, JAMES O N. CENTRAL AVE. SIMMEE FL 34741 To the provisions of Sections 607.0502 splittered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was au	83 84 City s, the above-named conthorized by the corporation	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered
SIGNATURE			Registered Agent signature requ	uired when reinstaling) DATE	
12.	Signature, typod or printed name of registered agen OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TUTLE	ADDITIONS/OFFANGES TO OFFICERS A	Change Addition
NAME	ROONEY, JAMES O		1.2 NAME		
STREET ADDRESS	18E SOUTH BERMUDA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		1.4 CITY-ST-ZIP		
TITLE	D COMMUNICATION OF THE CONTROL OF TH	DELETE	2.1 TITLE		Change Addition
NAME	ROONEY, JOLAN S	bear	2.2 NAME		
STREET ADDRESS	18E SOUTH BERMUDA AVE		2.3 STREET ADDRESS		•
CITY-ST-ZIP	KISSIMMEE FL 34741		2. 4 CITY-ST-ZIP	· ·	
TITLE	the Assistant to All ti	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		• • —
STREET ADDRESS	• ·		3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		DELETE	4.1 TOTLE		Change Addition
NAME			4. 2 NAME		

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 of truspice 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, for on an attachment with an address.

4.3 STREET ADDRESS 4.4 City-St-Zip

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

54 CITY-ST-ZIP

63 STREET ADDRESS

DELETE

■ DELETE

CR2E034 (10/

Change

☐ Change

Addition

Addition

FILED

Apr 27 1998 8:00am

Secretary of State