

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **P95000026258**

1. Corporation Name  
**J. T. USED CARS, INC.**

Principal Place of Business Mailing Address  
**2702 NORMAN DRIVE WEST PALM BEACH, FL 33409** **SAME**

|                                |                     |   |   |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 21                             | 26                  | 4/3/95  | N/A   |
| Suite, Apt # etc               | Suite, Apt #, etc.  | 4. FEI Number   | Applied For   |
| 22                             | 27                  | 65-0570419  | Not Applicable  |
| City & State                   | City & State        | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 23                             | 28                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                                    |   |
| Zip                            | Zip                 | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/>  |
| 24                             | 29                  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Country                        | Country             |   |   |
| 25                             | 30                  |   |   |
|                                |                     |   |   |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent  | 10. Name and Address of New Registered Agent   |
| <b>JEAN CLAUDE TILUS</b><br><b>2702 NORMAN DRIVE</b><br><b>WEST PALM BEACH, FL 33409</b> | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
|  | <b>FL</b>  |

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 \_\_\_\_\_ (Type or print name of registered agent) \_\_\_\_\_ (Type or print name of registered agent) \_\_\_\_\_ (Date)

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PRESIDENT/DIRECTOR</b>        | 1.2 NAME  |   |
| STREET ADDRESS             | <b>JEAN CLAUDE TILUS</b>         | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>2702 NORMAN DRIVE</b>         | 1.4 CITY - ST - ZIP                                   |   |
|                            | <b>WEST PALM BEACH, FL 33409</b> | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE  | 2.2 NAME  |   |
| NAME                       |                                  | 2.3 STREET ADDRESS                                    |   |
| STREET ADDRESS             |                                  | 2.4 CITY - ST - ZIP                                   |   |
| CITY - ST - ZIP            |                                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                  | 3.2 NAME  |   |
| TITLE                      | <input type="checkbox"/> DELETE  | 3.3 STREET ADDRESS                                    |   |
| NAME                       |                                  | 3.4 CITY - ST - ZIP                                   |   |
| STREET ADDRESS             |                                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP            |                                  | 4.2 NAME  |   |
|                            |                                  | 4.3 STREET ADDRESS                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE  | 4.4 CITY - ST - ZIP                                   |   |
| NAME                       |                                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                  | 5.2 NAME  |   |
| CITY - ST - ZIP            |                                  | 5.3 STREET ADDRESS                                    |   |
|                            |                                  | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 6.2 NAME  |   |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                  | 6.4 CITY - ST - ZIP                                   |   |

000001900680  
 -07/22/96--01063--005  
 \*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Jean Claude Tilus**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JEAN CLAUDE TILUS**  
 7/16/96 561-842-6047

CR2E034 (3/96)