

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P 95000026474 (0)

BEL AIR AUTO SALES INC

Principal Place of Business

Mailing Address

350 STORY RD
OCOEE, FL 34761

350 STORY RD
OCOEE, FL 34761

2. Principal Place of Business

21 **601 ROPER PKWY**
Suite, Apt. #, etc.

2a. Mailing Address

26 **601 ROPER PKWY**
Suite, Apt. #, etc.

22. City & State

23 **OCOEE, FL**

27. City & State

28 **OCOEE, FL**

Zip

24 **34761**

Country

25 **ORANGE**

Zip

29 **34761**

Country

30 **ORANGE**

8. Name and Address of Current Registered Agent

**PAUL J. BRUEGGER
601 ROPER PKWY.
OCOEE, FLORIDA 34761**

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

(Signature, typed or printed name or organization name and title if applicable)

(NOTE: Registered Rep of signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
1. TITLE	<input type="checkbox"/> DELETE	1.1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
NAME		1.2. NAME	
STREET ADDRESS		1.3. STREET ADDRESS	
CITY-ST-ZIP		1.4. CITY-ST-ZIP	
1. TITLE	<input type="checkbox"/> DELETE	2.1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
NAME		2.2. NAME	
STREET ADDRESS		2.3. STREET ADDRESS	
CITY-ST-ZIP		2.4. CITY-ST-ZIP	
1. TITLE	<input type="checkbox"/> DELETE	3.1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
1. TITLE	<input type="checkbox"/> DELETE	4.1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY-ST-ZIP		4.4. CITY-ST-ZIP	
1. TITLE	<input type="checkbox"/> DELETE	5.1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY-ST-ZIP		5.4. CITY-ST-ZIP	
1. TITLE	<input type="checkbox"/> DELETE	6.1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY-ST-ZIP		6.4. CITY-ST-ZIP	
		700002202937	
		-06/05/97--01064--020	
		***165.00	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-30-97 407-877-2323

FILED
May 27 1997 8:00am
Secretary of State

5-27-97