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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P95000026474 (3)

May 01 1998 8:00am Secretary of State

FILED

DEL AM	1 AUTO SALES, INC	•							
Principal Place	a of Business	Mailing Address				- I HUBANDAN PER HENDY BUNAN BUNAN BUSAN B	EHIO DIDINO NIDI	U PRI HIBIS HARD	.01 B) 01 T0 01
- •		· ·	601 ROPER PKWY						
601 ROPER P OCOEE FL 34		OCOEE FL 34761				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						03/30/1995			
2. Principal P	ace of Business	2a. Mailing Addre	SS			4. FEI Number		Ap	plied For
21		26				59-3313343			ot Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		27						Fee Re	dulteg
City & State	9	City & State	<del>  </del>			6. Election Campaign Financing		\$5.00	
23	Camala	28 Zip	Cour			Trust Fund Contribution	<u> </u>	Added t	
Zip	Country	<b>—</b> `	¬ ' - '			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No			
24	25 Same and Address	29 of Current Registered Agent	[30]			10. Name and Address of New R			2.10
	**			81	Name	10.			
	UEGGER, PAUL J		ļ	$\perp$					
601 ROPER PKWY				82	Street Address (P.O. Box Number is Not Acceptable)				
00	OEE FL 34761		ŀ	83					
			į	_		, ,			<del></del>
			i	84	City		FL	_ <b> 85 </b> Zip∜	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Section egistered agent, or both, in m familiar with, and accept	s 607.0502 and 607.1508, Florid the State of Florida. Such chang the obligations of, Section 607.0	a Statutes, the ab e was authorized 505, Florida State	ove by ites.	-named corp the corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose or opt the app	f changing it pointment as	s registered registered
SIGNATURE	Signature typed or printed name of r	registered agent and title if applicable	(NOTE Registered	Ager	nt signature require	ed when reinsteting)	DATE		
12.	OFF	CERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	P	<b>□</b> DE1	•					Change	☐ Addition
NAME	BRUEGGER, PAUL J		1.2 NA						]
STREET ADDRESS	8333 COLONY BARN		1.3 ST	REET A	ADDRESS				Į
CITY-ST-ZIP	CLERMONT FL 3471		1.4 C/I		- ZIP			770	
TITLE		□ D€L						Change	☐ Addition
NAME			2.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		- Inc	2. 4 CI		T-ZIP			Change	Addition
TITLE		DEI							
NAME			3.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DEL	3.4. CF ETE 4.1 TIT		T-ZIP			Change	Addition
TITLE			4. 2 NJ						
NAME					.000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DEL	4.4 C/I ETE 51 T/I		1 - ZIP			Change	Addition
TITLE			52 NA						
NAME CONTEX ADDOCCO					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP TITLE		DEI	5.4 CIT ETE 6.1 TIT		C- ZIP			Change	Addition
		- J 000	6.2 NA						
NAME			•		ADORESS				
STREET ADDRESS			•		1				ļ
CITY-ST-ZIP	1		6.4 CI	11-51	1-21"				

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 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:

7/88