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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500036687 (8) BK AUTOMOTIVE SALES, INC.

Principal Place of Business Mailing Address 1000 SOUTH DIXIE HIGHWAY 1000 SOUTH DIXIE HIGHWA HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-5945									
						3. Date Incorporated or Qualified 05/09/1995		e of Lasi R 6/1996	eport
2. Principal P	lace of Business	2a. Mailing Address 26			4. FE! Number 65-0583324	Applied For Not Applicable			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
. Zip	Country Zip 29		Country 30			8. This corporation has liability for Florida Statutes		ax under s	. 199.032,
=-1	9. Name and Address of Curre			T		10. Name and Address of New Re	gistered A	gent	
KOPLOWITZ, BRUCE					Name				
487	SW 169 TERRACE AUDERDALE FL 33326			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	<u> </u>	
	TOPETRI LE COULO			83				,,	
-4				84	City		FL	85 Zip (Code
office or r agent. I a SIGNATURE	egi ster ed agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was gations of, Section 607,0505, f	authorize Torida Sta	d by tutes	the corporal	poration submits this statement for the p dion's board of directors. I hereby accep	ot the appo	changing it intment as	s registered registered
	Signature, typod or printed name of registered ag			ed Ager	il signature requi	reo when reinslating)	DATE	DIDECTOR	2011/40
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 T	1716	·····	ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE NAME	אין							Onange	L ACCITION
-	487 SW 169 TERRACE			1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	FT LAUDERDALE FL 33326								
CITY-ST-ZIP TITLE	DELE			1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition
NAME		_		IAME			•		
STREET ADDRESS			2 3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			2. 4 CHY - \$1 - 20						
TITLE		DELETE			· · · · · · · · · · · · · · · · · · ·			Change	Addition
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STREET ADDRESS			3.3 S	TREET A	ADORESS				
CITY-ST-ZIP			34.0	DITY-\$1	r-ZiP				
TITLE		☐ DELETE	DELETE 41 TITLE					Change	Addition
NAME			4.21	MAME					
STREET ADORESS			4.3 S	TREET A	DURESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP		- ZIP				
TITLE	☐ DELETE			5 1 TITLE				Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREE1 #	NDORESS				
CITY-ST-ZIP			5.4 CHY- S1-ZIP		-ZiP				
TITLE		☐ DELETE	611	IILE	1		_ 7	Change	Addition
NAME			62 N	AME					
STREET ADDRESS			635	TREET &	innesee]	•			ĺ

14. I do 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 adjust report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the received 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 action with an endress.

FILED

Jun 19 1997 8:00am

Secretary of State