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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046844 (3)

## FILED Apr 30 1998 8:00am Secretary of State

DRIVE IN AUTO SALES, INC. Principal Place of Business Mailing Address 1021 SOUTH FEDERAL HIGHWAY 1021 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0587633 26 Not Applicable Suite Ant. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country  $Z_{\rm IP}$ 8. This corporation owes or has paid the curre nt year Intangible Personal Property Tax due June 30. □ No 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name GLAZER, NAUM 1021 SOUTH FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 82 POMPANO BEACH FL 33062 83 84 Zip Code City 85 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, typod or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (1097 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE 1.1 TITLE Addition TITLE GLAZER, NAUM NAME 1.2 NAME 1021 SOUTH FEDERAL HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 THLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - 2IP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 in fire 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 recovery truther powered 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 atlact graft with any others.

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