Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90024 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071761							`				
CARDINA	al auto sales, i	NC.									
Principal Place of Business Mailing Address							1 100 1108				IRF IIBI FBBI
851 HYPOLVXO LANTANA FL 3	-		851 HYPOLVXO RD LANTANA FL 33462			DO NOT WRI	TE IN THIS	SPACE			
U\$			US				3. Date Incorporated or Qualifed				
							09/20/1995				1
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Арр	ied For		
21			26			65-0609426			Not .	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	us Desired \$8.75 Additional Fee Required				
City & Stat	te	:	City & State				Election Campaign Financing Trust Fund Contribution			00 Made to	lay Be Fees
Zíp 24	Country Zip 25 29			Country 30			This corporation owes the curre Personal Property Tax.	ent year Inta	ngible Yes		□No
2-71	9. Name and Addres	ss of Current R		·	_		10. Name and Address of New R	tegistered A	Agent		
			···	8	ii	Name					
SCHONE, LARRY					82 Street Address (P.O. Box Number is Not Acceptable)						
50 S.E. FOURTH AVENUE											
DEL	RAY BEACH FL 33483	3		8	3						
				8	4	City		FL	85	Zip Co	ode .
office or r	registered agent or both	in the State of I	nd 607.1508, Florida Statute: Florida. Such change was au is of, Section 607.0505, Flori	thorized b) V T	-named c the corpor	orporation submits this statement for the ration's board of directors. I hereby acceptation	purpose of on the proof	changin itment a	g its regi	egistered stered
SIGNATURE			WOTE !	D!-+ 4 4-		alanati in sa	quired when reinstating)	DATE		•	}
12.	Signature, typed or printed name	of registered agent an FICERS AND I	<u>'</u>	13.	gent	signature rec	ADDITIONS/CHANGES TO OF		D DIRE	CTOF	S IN 12
TITLE	PVST	TIOLING AIRD	DELETE	1.1 TITLE					Cha		Addition
NAME	LOFASO, FRANK CA	ARI		1.2 NAM	E						
STREET ADDRESS					EET,	ADDRESS					
CITY-ST-ZIP						-ZIP					
TITLE					=				Cha	nge	☐ Addition
NAME	LOFASO, FRANK CARL			2.2 NAM	E						
STREET ADDRESS	652 CASTILLA LANE			2.3 STRE	EΕΤ	ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL 33435			2.4 CfT	/-ST	T-ZIP					
TITLE	☐ DELETE			3.1 TITLS	E				Cha	inge	☐ Addition
NAME				3.2 NAM	Ε						l
STREET ADDRESS	3			3.3 STR	EET.	ADDRESS	-				
CITY-ST-ZIP				3.4. CITY		r-ZIP			□ Cha	nnae	Addition
TITLE			☐ DELETE	4 1 TITU					Chila	uge	CT VOCIDOU
NAME				4. 2 NAM							,
STREET ADDRESS	i [•		ADDRESS					ľ
CITY-ST-ZIP				4 4 CITY	-st	-ZiP					

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 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Change

Change

☐ Addition

☐ Addition