FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000080499 (3)**

1. Corporation Name

CONCOURS AUTO SALES, INC.

Principal Place of Business	Mailing Address
412 SOUTHWIND DR., APT. E-1 NORTH PALM BEACH FL 33408	412 SOUTHWIND DR., APT. E-1 NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified: **10/16/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21 500 South Congress Ave
22 Suite, Apt. #, etc.
23 City & State: WPB FL
24 Zip: 33406 | 25 Country: US

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State:
29 Zip: | 30 Country:

4. FEI Number: 65-0622147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TORNABENE, JOHN M
412 SOUTHWIND DR., APT. E-1
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** | 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1503, 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: _____ John Tornabene 1-18-96
(Signature of Registered Agent) (Name of Registered Agent Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	☐ Change ☐ Addition
NAME	Chris ceballero	1.2 NAME	
STREET ADDRESS	4200 Palm bay cir # D	1.3 STREET ADDRESS	
CITY, ST, ZIP	WPB FL 33406	1.4 CITY, ST, ZIP	
☐ DELETE			
TITLE	Vice President	2.1 TITLE	☐ Change ☐ Addition
NAME	John Tornabene	2.2 NAME	
STREET ADDRESS	500 Scongress Ave	2.3 STREET ADDRESS	
CITY, ST, ZIP	WPB FL 33406	2.4 CITY, ST, ZIP	
☐ DELETE			
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
☐ DELETE			
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
☐ DELETE			
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
☐ DELETE			
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added by amendment with an address.

SIGNATURE: _____ John Tornabene 1-18-96 640-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)