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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080499 (3)

CONCOURS AUTO SALES, INC.

FILED
Jan 23 1997 8:00am
Secretary of State

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500 SOUTH CONGRESS AVE. WEST PALM BEACH FL 33406 US			500 SOUTH CONGRESS AVE. WEST PALM BEACH FL 33406-3022 US					
					3. Date Incorporated or Qualified 10/16/1995	3a. Date 01/2	e of Last Re 4/1996	eport
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			plied For
21		26			65-0622147			t Applicable
Suite, Apt #, etc		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		quired
City & Stat		City & State	_		Election Campaign Financing Trust Fund Contribution		\$5.00 Added I	
Zip 24				Country 8. This corporation has liability for intangible tax under s. Florida Statutes Yes No				199.032,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered A	gent	
412	RNABENE, JOHN M 2 SOUTHWIND DR., APT. E-1 RTH PALM BEACH FL 33408		83	et Addre	ss (P.O. Box Number is Not Acceptab	ne lue		
ı			84 City	1.86		FL	85 Zip (Code 406
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	toc the shoup pan	ed corpo	ration submits this statement for the p	urpose of o	changing it	s registered
office or i agent. I a	registered agent, or both, in the St am familiar with, and accept the ob	late of Floridal Such change was oligations of Section 607.0505, F	authorized by the l lorida Statutes.	corporatio	n's board of directors. I hereby accep	ot the appo	intment as	registered
SIGNATURE								
	Stgnature, typed or printed name of registerer		TE Registered Agent sign	atura required		DATE		
12.	OFFICERS.	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P ACROLLERA OURIO	L DELETE	1.1 TITLE	1		Ę	Change	☐ Addition
NAME	CEBOLLERO, CHRIS	NIES D	1.2 NAME	į				
STREET ADDRESS	4200 PALM BAY CIRCLE, S	SUITE D	1.3 STREET ADDRE	SS				
CITY - ST - ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP					
TITLE	VP	☐ DELFTE	2.1 TITLE	ļ	100 Ng	. [Change	Addition
NAME	TORNABENE, JOHN		22 NAME				•	
STREET ADDRESS	500 S. CONGRESS AVE.		2.3 STREET ADDRE	SS				
CITY - ST - 7IP	WEST PALM BEACH FL		2 4 CITY - ST - ZIP					
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			32 NAME					
STREET ADDRESS			3.3 STREET ADDRE	SS				
CITY-ST-ZIP)		3.4. CITY - ST - ZIP	Ì				
THILE		DELETE	4.1 TITLE				Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS	}		4,3 STREET ADDRE	SS				
City-ST-24P			4 4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADORE	SS				
DITY - ST - ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TiTLE				Change	☐ Addition
NAME			6.2 NAME	1		•		
STREET ADDRESS			6.3 STREET ADDRE	.cc				
	(
City - St - ZiP	<u> </u>		64 CITY-ST-ZIP					

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 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 640-0111