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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080499 (3)

CONCOURS AUTO SALES, INC.

FILED Apr 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 500 SOUTH CONGRESS AVE. WEST PALM BEACH FL 33406 500 SOUTH CONGRESS AVE. WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Irrcorporated or Qualified 10/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FELNumber Applied For 65-0622147 Not Applicable 21 26 Suite, Apt. #, 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 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TORNABENE, JOHN M <PA **500 SOUTH CONGRESS AVE** 82 WEST PALM BEACH FL 33406 83 84 11. Pursuant to the provisions of Sections 607.050? 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 Space of Florida. Such prants was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the original space of Section 607.0505, Florida Statutes. SIGNATURE TE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TITLE 1.1 TITLE WITTIAM CEBOLLERO, CHRIS Besse NAME 1.2 NAME CR2E034 4200 PALM BAY CIRCLE, SUITE D 1.3 STREET ADDRESS 500 STREET ADDRESS 33406 WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition TORNABENE, JOHN NAME 2.2 NAME 500 S. CONGRESS AVE. STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 2.4 CITY-ST-ZIP CITY-\$1-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 supplemental annual report is two and accurate and that my signature shall have the same legal effect as if made under oath; that I am an in or the recover or tryalee approvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information

indicated on this annual report of supplemental annual report in officer or director of the corporation or the receiver or trystee Block 12 or Block 13 if changing or grynn attachment with a or or on attachmient

SIGNATURE: