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

PROFIT CORPORATION ANNUAL REPORT

1**9**98

14. I hereby certify that the information indicated on this annual report or officer or director of the corporation.

Block 12 or Block 13 if chan

receiver or trustee attachnient with it



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089391 (3)

M & S AUTO RESOURCES, INC.

Principal Place of Business Mailing Address 21799 US HIGHWAY 19 NORTH 21799 US HIGHWAY 19 NORTH **CLEARWATER FL 34625** CLEARWATER FL 34625 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/21/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3352520 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 0. Name and Address of New Registered Agent 81 Name FINK, SCOTT 21799 US HIGHWAY 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34625 83 84 City Zip Code 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, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PD Addition TITLE 1.1 TITLE Change FINK, SCOTT NAME 1.2 NAME 1781 MCCAULEY ROAD STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP **CLEARWATER FL 34625** 1.4 CITY - ST - 7IP VSTD DELETE Change Addition TITLE 2.1 TITLE COHEN, MICHAEL S 2.2 NAME 49 ROLLING HILL LANE STREET ADDRESS 2.3 STREET ADDRESS **OLD WESTBURY NY 11568** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP Change DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

4/22/08

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

tuo and accurate and that my signature shall have the same legal effect as if made under oath; that I am an thowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CR2E034 (10/97

FILED

May 07 1998 8:00am

Secretary of State