

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000001831 (2)

1. Corporation Name

NEW ENGLAND AUTO SALES, INC.

FILED  
Apr 29 1997 8:00am  
Secretary of State



Principal Place of Business

69 NW 8 STREET  
BOCA RATON FL 33432

Mailing Address

69 NW 8 STREET  
BOCA RATON FL 33432-2658

2. Principal Place of Business

21 79 NW 8 Street

Suite, Apt. # etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23 Boca Raton FL

28

City & State

24 Zip

29

Country

25 33432

30

Country

3. Date Incorporated or Qualified  
01/04/1996

3a. Date of Last Report  
NA

4. FEI Number

65-0634835

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

MATZENBERGER, CHRISTOF  
69 NW 8 STREET  
BOCA RATON FL 33432

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 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 title if applicable

(NOTE: Registered Agent signature required when reinitializing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1. NAME	Rudolph H. Votogopal	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1. STREET ADDRESS	69 NW 8th Street	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	1. CITY-ST-ZIP	Boca Raton FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	2. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2. NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2. STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	2. CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	3. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3. NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3. STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	3. CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	4. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4. NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4. STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	4. CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	5. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5. NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5. STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	5. CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	6. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6. NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6. STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	6. CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	7. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7. NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7. STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	7. CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	8. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8. NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8. STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	8. CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/1997 1561 935-8240

Daytime Phone #

CR2E034 (9/96)