

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000011063 (0)**

1. Corporation Name

FOREIGN CAR SALES, INC.



Principal Place of Business

Mailing Address

**2101 AURORA RD.
MELBOURNE FL 32935**

**2101 AURORA RD.
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

59-3358616

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLEVELAND, RAUL C
2101 AURORA RD.
MELBOURNE FL 32935**

81. Name

BRUCE E. WILLIAMS

82. Street Address (P.O. Box Number is Not Acceptable)

2101 AURORA ROAD

83.

84. City

MELBOURNE

FL

85. Zip Code

32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CLEVELAND, RAUL C	
STREET ADDRESS	2787 CAITLIN CT.	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BRUCE E	
STREET ADDRESS	390 LEE AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KELLEY, NATHAN C	
STREET ADDRESS	2807 SHELLWOOD PL.	
CITY-ST-ZIP	MELBOURNE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLEVELAND, RAUL C	
1.3 STREET ADDRESS	2787 CAITLIN CT	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32935	

2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAMS, BRUCE E.	
2.3 STREET ADDRESS	390 LEE AVE	
2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 **BRUCE E. WILLIAMS PRES** 3/20/98 407-259-0271

CR2E034 (10/97)