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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P96000011921 (9) DOCUMENT #
1. Corporation Name

FILED May 13 1998 8:00am Secretary of State

	NATIONAL AUTO SALES ENT					
1 '	se of Business	Mailing Address	PL41 48-			
4820 NORTHWEST 13TH STREET 3643 NORTHWEST 8 GAINESVILLE FL 32609 GAINESVILLE FL 326			RIVE		\	
	7	Ormited the people			DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	
					02/07/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 230	<u>E. South Main St.</u>	26			59-3372479	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23 (2011)	esville, Florida	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24 3260	21 25 Alachua	29	30		Personal Property Tax due June 30.	Yes 🗷 No
	9. Name and Address of Current	=-		-1 17	10. Name and Address of New Register	ed Agent
	IE LAW FIRM OF LAWRENCE J SP	HEGEL CHRTD	8	1 Name		
343 ALMERIA AVENUE			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
CC	DRAL GABLES FL 33134					
			8	3		
			8	4 City		85 Zip Code
44 Duramont	to the provisions of Sections 607 0500	and 607 1609 Florida Status	les the she	us samed as		L sp zip coop
office or i	registered agent, or both, in the State of	Florida, Such change was	authorized I	by the corpor	rporation submits this statement for the purpose alion's board of directors. I hereby accept the a	appointment as registered
agent. La	im f am iliar with, and accept the obligati	ons of, Section 607. 0505, Fi	orida Statut	es.		
SIGNATURE	Signature, typed or protect name of regulation agent.	more trie of a coll cability (NC)	Projetnica A	noul figgalure rec	juired when reinstating) DATE	
12.	OFFICERS AND		13.	gent organizative	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	DELETE	1.1 TITLE			Change Addition
NAME	MORALES, JULIA A		1.2 NAM	E		
STREET ADORESS	4820 NORTHWEST 13TH STRE	ET	1.3 STRE	ET ADDRESS]{
CITY-ST-ZIP	GAINESVILLE FL 32609		1.4 CITY	- SI - ZIP] [
TITLE	VSD	☐ DELETÉ	2.1 TITLE			☐ Change ☐ Addition C
NAME	MORALES, SHELLEY E		2.2 NAM	E)		
STREET ADDRESS	4620 NORTHWEST 13TH STRE	ET	23 STAE	ET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32609		2. 4 CITY	-ST-ZIP		1
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAMI	E		
STREET ADDRESS			3.3 STRE	et address		
CITY-ST-ZIP			3.4. CITY	- ST- 2IP		
TITLE		☐ DELETE	4.1 T/TLE	I .		Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			43 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-7IP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	l		
STREET ADDRESS				E1 ADDRESS		Ì
CITY-ST-ZIP			6.4 CITY	ST-ZIP		

Thereby 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 supplient with some legal effect as if made under eath, that I am an officer or director of the corporation or the receiver of little corpovered 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 over an attachment with an address.