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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013693 1. Corporation Name

FENTY'S AUTO SALES, INC.

Mailing Address

Principal Place of Business 3325 TYRONE BLVD. ST. PETERSBURG FL 33710

2. Principal Place of Business

Suite, Apt. #, etc.

3325 TYRONE BLVD. ST. PETERSBURG FL 33710

2a. Mailing Address

Suite, Apt. #, etc.

26

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90086 039 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed...

02/13/1996

59-3361866

4. FEI Number

2	**************************************	27			5. Cermone of Change Desired	- ,	Fee Rec	quired
City & State City & State		-,		6. Election Campaign Financin		\$5.00	Мау Ве	
:3		28			Trust Fund Contribution		Added to	Fees
Zip	- Country	Zip	Country		8. This corporation owes the o	urrent year Inta	ingible	
4	$\left[\overline{25}\right] $	29	30		Personal Property Tax.	•	Yes	□No
9. Name and Address of Current Registered Agent			1 1		10. Name and Address of Ne	w Registered /	Agent	
	7 % y 24 %		81	Name				
MYE	ers, robert j			0:				
1135 Pasadena avenue south Suite 140				82 Street Address (P.O. Box Number is Not Acceptable)				
	PETERSBURG FL 32301		83					
• • • •	,		84	City		FL	85 Zip C	ode
	<u> </u>							
office or	at to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was a	luthorized by	the corporation	on's board of directors. I hereby ac	cept the appoin	itment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTF	: Registered Agen	t signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12_
TITLE	PSTD	☐ DELETE	1.1 TITLE				☐ Change	Addition
VAME	FENTY, ANTHONY C		1.2 NAME					
STREET ADDRESS	ACCE TYPONE OLVO		1.3 STREET	ADDRESS				
	ST. PETERSBURG FL 33710		1,4 CITY-ST					
CITY-ST-ZIP TITLE	OT TETERODONATE CONTO	☐ DELETE	2.1 TITLE	··			Change	☐ Addition
			2.2 NAME	1	•			
NAME .	_}		2.3 STREET	. ************************************				
STREET ADDRESS	s ,	•						
CITY-ST-ZIP	 	☐ DELETE	2.4 CITY-S 3.1 TITLE	11-212			Change	☐ Addition
TITLE		L DECEIE						
NAME			3.2 NAME					
STREET ADDRES	st le		22 010001					
-	~		3.3 3 INELL	T ADDRESS	*			
			3.4. CITY-S		. 1		(Change	- Addition
CITY-ST-ZIP		DELETE			. 1		Change	☐ Addition
CITY-ST-ZIP		DELETE	3.4. CITY-S		. 1		Change	☐ Addition
CITY-ST-ZIP TITLE NAME		DELETE	3.4. CITY-S 4.1 TITLE	ST-ZIP			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		OELETE	3.4. CITY-S 4.1 TITLE 4. 2 NAME	TADDRESS	1			<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		OELETE	3.4. CITY-S 4.1_TITLE 4. 2 NAME 4.3 STREET	TADDRESS			☐ Change	<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADDRES: CITY-ST-ZIP TITLE		8	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	TADDRESS				<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	s	8	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	T ADDRESS				<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	s	8	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T- ZIP T ADDRESS	No.			<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	s	DELETE	3.4. CITY-S 4.1.TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T- ZIP T ADDRESS	No. 1			☐ Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	s	DELETE	3.4. CITY-S 4.1.TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S'	T ADDRESS T- ZIP T ADDRESS	A STATE OF THE STA		Change	☐ Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S S S S S S S S S S S S S S S S S S S	DELETE	3.4. CITY-S 4.1.TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	A Section 1		Change	☐ Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S S S S S S S S S S S S S S S S S S S	DELETE	3.4. CITY-S 4.1.TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	n		Change	Addition

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, with all other like empowered.