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FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000029686 (8)

1. Corporation Name  
BOOMTOWN AUTO INC.

Principal Place of Business  
2488 S. ORANGE BLOSSOM TRL.  
APOPKA FL 32703

Mailing Address  
2488 S. ORANGE BLOSSOM TRL.  
APOPKA FL 32703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 AVARE, RAYMOND L  
805 RIVERBEND BLVD.  
LONGWOOD FL 32779

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 AVARE, RAYMOND L  
805 RIVERBEND BLVD.  
LONGWOOD FL 32779

3. Date Incorporated or Qualified

03/28/1996

4. FEI Number

59-3378417

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

MARIA L. AVARE

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

605 RIVERBEND BLVD

83

84 City

LONGWOOD

FL

85 Zip Code

32779

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 Maria L. Avare MARIA L. AVARE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-22-98

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME AVARE, RAYMOND  
STREET ADDRESS 805 RIVER BEND BLVD.  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VP ☒ DELETE

NAME AVARE, MARIA L  
STREET ADDRESS 805 RIVER BEND BLVD.  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE S ☒ DELETE

NAME AVARE, VIVIANNE L  
STREET ADDRESS 805 RIVERBEND BLVD.  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME AVARE, MARIA L.  
1.3 STREET ADDRESS 605 RIVER BEND BLVD  
1.4 CITY-ST-ZIP LONGWOOD, FL 32779

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME ALICE JANE EATON  
2.3 STREET ADDRESS 107 PENN RD  
2.4 CITY-ST-ZIP TITUSVILLE, FL 32780

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 Maria L. Avare MARIA L. AVARE 4-22-98 407-293-9946

CR2E034 (10/97)