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

PROFIT CORPORATION ANNUAL REPORT 1998



FI OHIDA DEPARTMENT OF STATE

FILED

Feb 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038964 (8)

	AUTOMOTIVE, INC.						
Principal Plac	e of Business	Mailing Address				· idestact the inite pittl delit Soull cold police	1101 10110 10110 GILLE SIGT 1001
10018 SPANISH ISLES BLVD.			10018 SPANISH ISLES BLVD.				
BAY 19 BOCA RATON FL 33428		BAY 19 BOCA RATON FL 33428				DO NOT WRITE IN THIS	SPACE
BOCA HATO	4 FC 33420	DOOR HATON IL 30%	10			3. Date Incorporated or Qualified	7 Or AOL
						05/03/1996	
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number	Applied For
21		26				65-0667601	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4 · b - · · · · · · · · · · · · · · ·			\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required	
City & Stat	0	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Co	ountry	/	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30			Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent			1	10. Name and Address of New Registered	i Agent
	AMS, JUDY			81	Name		
11119 S. TERRADAS IN.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
BACO RATON FL 33428						·	
				83			
				84	City		85 Zip Code
						FI	·- l.
office or agent I a	on familiar with, and accept the obliq	gations of, Section 607.0505,	Florida St	tatutes	S.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	ppointment as registered
12.	Signature, typed or protect same of registerest at	A PER LA CARLO DE LA CARLO DEL CARLO DE LA CARLO DEL CARLO DE LA C	13		ent signatura requi	(red when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D CONTRACTOR	DELETE		TITLE		ADDITIONS/OF ANGES TO OFFICE AS A	Change Addition
NAME	ROBERTS, LOCKE			NAME			
STREET ADDRESS	% 10018 SPANISH ISLES BI	VD. BAY 19			ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428			CITY-S			
TITLE	D	DELETE		TITLE	,,-20	***************************************	☐ Change ☐ Addition
NAME	ADAMS, JUDY		1	NAME]		
STREET ADDRESS	% 10018 SPANISH ISLES BI	VD. BAY 19			ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428			4 CITY - S			
TITLE	D	DELETE		TITLE	v: 4"		Change Addition
NAME	DODEDTO CHANNON		32	NAME	1		- -
STREET ADDRESS	% 10018 SPANISH ISLES BI	.VD. BAY 19			ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428			I. CITY-S			
TITLE	D	DELETE		TITLE			Change Addition
NAME	ADAMS, KENNETH E		4.2	2 NAME			
STREET ADDRESS	% 10018 SPANISH ISLES BL	.VD. BAY 19	4.3	STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		4.4	CITY-S	ST-ZIP		
TITLE		DELETE		TITLE			Change Addition
NAME			5.2	NAME			
STREET ADDRESS			5.3	STREET	ADDRESS		
CITY-ST-ZIP			54	CITY-S	IT-ZIP		
TITLE		DELETE		TITLE	<u>}</u>		Change Addition
NAME			6.2	NAME			
PIOCET ADORESC							

14. Thereby certify that the information supplied with this liling 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 trustice 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 of the great and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustice 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 of the great of the corporation of the corporation