Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90018 022 \*\*\*150.00

## 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 # P96000040299

AUTO IN	MAGE AUTO SALES, INC.								
Principal Plac	e of Business	Mailing Addres				[			
7350 PARK BLVD 2156 DOLPHIN BLVD S PINELLAS PARK FL 34665 ST PETERSBURG FL 33707					DO NOT WRITE IN THIS	SPACE			
		US				Date Incorporated or Qualifed	OI ACE		
						05/10/1996			
2. Principal Place of Business 2a. Mailing Address			dress			4. FEI Number	Applied For		
21		26				59-3375564	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		Additional	
22		27				O. Colliscoto di Tamana		lequired	
City & Stat	de .	- City & Stat	e :			6. Election Campaign Financing  Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip		Country	/	8. This corporation owes the current year Inter-	angible		
24	25	29	30			Personal Property Tax.	☐ Yes	No	
	9. Name and Address of Curren	t Registered Agen	t			10. Name and Address of New Registered	Agent		
DUE	SOURE BOUGHAS R			81	Name				
DUROURE, DOUGLAS R				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
2156 DOLPHIN BLVD S ST PETERSBURGB FL 33707									
311	FETENSBUNGS FE 33707			83	1				
				84	City	· FL	85 Zip	Code	
office or i agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such cha	inge was autho	orized by	the corporal	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changing i ntment as r	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Reg	gistered Age	nt signature requi	ired when reinstating) DATE			
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	P	Ц	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	DUROURE, DOUGLAS R			1.2 NAME					
STREET ADDRESS	2156 DOLPHIN BLVD S				TADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZfP			☐ Change	Addition		
TITLE	VP	Ļ	DEFEIE	2.1 TITLE	.				
NAME	DUROURE, SALLY B			2.2 NAME	T 4000000				
STREET ADDRESS			•		TADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		DELETE	2.4 CITY-1 3.1 TITLE	SI-ZIP		Change	Addition	
TITLE -	,		Arrest 1	3.1 HILE.		ميون هي الله الله الله الله الله الله الله ا		-	
NAME.	·			ľ	T ADDRESS	•			
STREET ADDRÉSS				3.4. CITY-					
CITY-ST-ZIP TITLE	-	П	DELETE	4.1 TITLE	J1*4IF		Change	Addition	
NAME		_		4. 2 NAME		•	0		
STREET ADDRESS					T ADDRESS			-	
CITY-ST-ZIP				4.4 CITY-5					
TITLE	<u> </u>		DELETE	5.1 TITLE			☐ Change	Addition	
NAME		_		5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-5	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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

727 381 2270

☐ Change

Addition