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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

## Sandra Bellevillam

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000043264 (6)

J.M.S. AUTOMOTIVE, INC.

**SIGNATURE:** 

Principal Place of Business Mailing Address					0131 <b>50</b> 385 <b>01000</b> 11110 51010 0331 0101 1003
2501 WEST BROWARD BOULEVARD FORT : AUDERDALE FL 33312 FORT LAUDERDALE FL 33312					
				3. Date Incorporated or Qualified 05/21/1996	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0668525	Not Applicable
Suite, Apt 1		Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8,75 Additional Fee Required
City & State	1	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> ] Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees printangible tax under s. 199.032.
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curren		1	10. Name and Address of New I	<del></del>
AME	RILAWYER CHARTERED		81 Na	ALLEN SHAI	OAF
343 ALMERIA AVENUE					
CORAL GABLES FL 33134				Address (P.O. Box Number is Not Accept	
			63	Miani, R	33162
	•		84 Cit		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050.	2 and 607.1508, Florida Statul	tes, the above-nar	corporation submits this statement for the	
office or re agent 1 ar	eg⊲stered agent, or b <b>eta⊰</b> n the State m familiar with, <b>and acceptan</b> e obliga	of Florida. Such change was itions of Section 607.0505. E	authorized by the	d corporation submits this statement for the poration's board of directors. I hereby according	cept the appointment as registered
SIGNATURE		1	Ranz		1/20/90
	Signature based or printed name of registored age	nt and title it applicable (NOI	E: Registered Agent sign	re required when reinstating)	DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
THILF	PSD HOLT, JEFFREY V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	2501 WEST BROWARD BOULE	TVAPD.	1.2 NAME		1
STREET ADDRESS	FORT LAUDERDALE FL 33312	, TALID	13 STREET ADDR		
CHTY-ST-ZIP	VID	DELETE	1.4 CiTY-ST-ZiP		Change Addition
TOTLE	HOLT, NANCY L	☐ DETEIC	2.1 TITLE		☐ Change ☐ Addition
NAME	2501 WEST BROWARD BOULE	EVARD	2.2 NAME		
STREET ADDRESS	FORT LAUDERDALE FL 33312		2 3 STREET ADDR 2 4 City-St-Zip	1	
City St-ZIP Title		DELETE	3.1 TITLE		Change Addition
NAME		_	3.2 NAME		_ , _
STREET ADDRESS			3.3 STREET ADDR		
CIRY-ST-ZIP			3.4. CITY - ST-ZIP		
TrTL#		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDR		
CITY - ST - ZIP			4.4 CITY-ST-ZIP	,	
THILE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ACTORESS			5.3 STREET ADOR		
CITY - ST - 7/P			5.4 City-St-ZiP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		,
STREET ADDRESS			6.3 STREET ADDR		
14 Ldo berel	ov certily that the information supplier	d with this filing does not guel	6.4 CITY-ST-ZIP	stated in Section 119.07(3)(i), Florida Stati	ites. I further certify that the
information Lam an of appears in	n indicated on this annual report or s flicer or director of the corporation or n Block 12 or Block 13 if changed, o	upplemental annual report the receiver or trusteed poor on an attachment with an ad-	true and accurate wered to execute to dress.	d that my signature shall have the same le report as required by Chapter 607, Florid	ogal effect as if made under oath; that a Statutes; and that my name