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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

DOCUMENT #

May 06 1998 8:00am Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P96000051990 (5) DJ'S QUALITY CARS, INC.

Principal Place of Business		Mailing Address			140 41014 10110 10111 0811 1881		
2544 S. FRENCH AVE SANFORD FL 32773 US		2544 S. FRENCH AVE SANFORD FL 32773 US			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 06/18/1996		
2. Principal Place of Business		2n. Mailing Address		4. FEI Number	Applied For		
21		26		59-3385412	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z <sub>I</sub> p	Country	Zip	Country 30		8. This corporation owes or has paid the cu	rrent year Intangible	
24	25	29			Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED			1	Name			
	3 Almeria avenue Dral Gables Fl 33134			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
			ļī.	33			
			Ī	34 City	FL	85 Zip Code	
office or re	to the provisions of Sections 607 05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was	authorized	by the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap-	of changing its registered pointment as registered	
SIGNATURE							
Signature typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS 1		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			

TITLE DELETE 1.1 TITLE Change TERRY, DONALD J JR. NAME 1.2 NAME **508 BRIDLE PATH** STREET ADDRESS 1.3 STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ■ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** CITY - ST - ZIP 64 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

**FILED**