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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

☐ Change

___ Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052288 (3)

ETERNITY AUTO SALES, INC.

| | is al Cir | -10 | | #4-m | | · · · · · · · · · · · · · · · · · · · | | | | |
|--|---|-------------------|---------------------|--------------|---|---------------------------------------|---|--------------------|--|--|
| Principal Place of Business | | | | _ | Mailing Address | | | | 1 145 1140 1144 (B)15 2 (111 (AB1)) AB101 62(1) 28(0) 211(0)16(6 1004) 1010 (211 186) | |
| | North 50 A FL 3361 | 8th Street 10 | | | 6806 NORTH 56TH STREET Tampa FL 33610-1922 | | | | | |
| 1 | ed e | | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report First Year | |
| 2. Pri | - | | | | Mailing Address | | | | 4. FEI Number | |
| Sulte, Apt. #, etc. | | | | Suite. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Security \$8.75 Additional Fee Required | |
| | City & State | | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| 2ip | р | | Country 25 | Zip 29 | | Coun | try | | This corporation has liability for intangible tax under s. 199.032, Florida Statutes The corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| 1 | <u>v</u> , | 9, Name | and Address of Curr | | Agent | 1221 | 10. Name and Address of New Registered Agent | | | |
| AMERILAWYER CHARTERED | | | | | | | 31 | | | |
| 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | E | 33 | | | |
| | | | | | | ε | 34 City FL 85 Zip Code | | | |
| 1 | IATURE | | | | | | | | poration submits this statement for the purpose of changing its registered alion's board of directors. I hereby accept the appointment as registered | |
| Signature, typed or printed name of registered agent 12. OFFICERS AND | | | | ND DIRECTORS | | | | int signature requ | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | | PSTD | OTTOLITO | DINECTORS | DELETE | 1.1.10L | F | | PSTD Addition | |
| NAME | | ALBADAWI, MAMDOUH | | | | 12 NAME ALBADAWI, Mandouh | | | | |
| 1 | STREET ADDRESS 5916 NORTH NEBRASKA AVEN | | | ENUE | | | | ADDRESS | 806 N. 56 Th St | |
| | CITY-ST-ZIP TAMPA FL 33604 | | | | 140 | | | i-ZIP | Tampa, FL 33610 | |
| TITLE | | · | | | DELETE | 2.1 TITL | | | Change Addition | |
| NAME | i | | | | | 2.2 NAM | 4E | - | | |
| STREET | ADDRESS | | | | | 2.3 STR | FET | ADDRESS | | |
| CITY-S | ST-ZIP | | | | | 2. 4 CIT | Y - S | ST-ZIP | | |
| TITLE | - | | | | DELETE | 3.1 TITL | E | | ☐ Change ☐ Addition | |
| NAME | - 1 | | | | | 3.2 NAN | AE. | | | |
| STREET | T ADDRESS | | | | | 3.3 STR | EE1 | ADDRESS | | |
| CITY-S | ST-ZIP | | | | | 3.4. CIT | | ST-ZIP | | |
| TITLE | | | | | DELETE | 4.1 TITL | | | ☐ Change ☐ Addition | |
| NAME | | | | | | 4. 2 NA | | | | |
| | T ADDRESS | | | | | 4 3 STR | EET | ADDRESS | | |
| CITY-S | ST-ZIP | | | | 1 55.55 | 4.4 CITY | | 1 - ZIP | | |
| TITLE | i | | | | DELETE | 5.1 TML | | | Change Addition | |
| NAME | | | | | | 5.2 NAM | 1E | 1 | | |

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not quality 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 other him of the corporation of the receiver of 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 other him of the corporation of the receiver of 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 other him of the corporation of the receiver of the corporation of the receiver of 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 other him of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corpor

6.1 TITLE

6.2 NAME

DELETE