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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052418 (6)

CHOICE AUTOMOTIVE SERVICES, INC.

FILED Apr 17 1997 8:00am Secretary of State



| Principal Place of Business 117 DOE TRAIL JUPITER FL 33458 | | | 1 | Mailing Address 117 DOE TRAIL JUPITER FL 33458-7604 | | | | - I TO STATE OF THE TOURS BOOK OF THE STATE OF THE BOOK OF THE STATE STA | | | |
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| Suite, Apt 1 22 | #, etc | | 27 | Suite, Apt. #, etc. | | | 5. C | ertificate of Status Desired | | | Additional equired |
| City & State | TER | FL | 28 | City & State | R.F | 7 | 1 | ection Campaign Financirust Fund Contribution | | | May Be to Fees |
| 24 3345 | 8 | Country 5 PALM | BCH 29 | 334VP | Count | um Bo | 8. Th | nis corporation has liability | | | |
| | 9. Name a | nd Address of | Current Reg | stered Agent | 10-11 | | | ame and Address of New | | | |
| GAR | ICIA, MATILI |)A | | | 6 | 1 Name | | | | | |
| 5836 | 5836 SW 119 AVE COOPER CITY FL 33330 | | | | 82 Street Add | | ddress (P.O | ress (P.O. Box Number is Not Acceptable) | | | |
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| | | | | | 8 | 4 City | | The second secon | FL | 85 Zip | Code |
| | | n, and accept the | e obligations | of, Section 607.0505, I | florida Statut | ies. | | · | , | | |
| SIGNATURE | Signature typed o | r printed name of regis | stereo agent and til | le il applicable (No |)TE: Registered A | gent signature re | equired when rei | nstating) | DATE | | |
| | Signal ner typedic | | RS AND DIRE | CTORS | OTE: Registered A | Agent signature re | <u> </u> | nstating) DITIONS/CHANGES TO C | | | |
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. 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 12 if changed, or on an attachment with a address.

SIGNATURE:

SIGNATURE AND TYPING OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

\$11/97 561-743-0828