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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052745 (2)

CONRAD AUTOMOTIVE, INC.

FILED Mar 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							***************************************	40.011.104.
B307 ATLANTIC BLVD B307 ATLANTIC BLVD JACKSONVILLE FL 32211 JACKSONVIL			NTIC BLVD ILLE FL 32211					
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						06/19/1996		
2. Principal Place of Business 2a. Mailing			Address			4, FEI Number		pplied For
21	4 -1	26				59-3387024		ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	┝ - · ₁			5. Certificate of Status Desired		Additional equired
22 City & Stat	0	City & State				Election Campaign Financing		May Be
23		28				Trust Fund Contribution	.	to Fees
Zip Country		Zip	Zip Country			8. This corporation owes or has paid the c	urrent year In	tangible
24	25 29		30			Personal Property Tax due June 30. Yes No		
	g, Name and Address of Curr	ent Registered Agent	<u></u> ,	B1		10. Name and Address of New Registere	d Agent	
	NRAD, PATRICIA		ĺ'	81	Name			
	07 ATLANTIC BLVD		7	92	Street Addre	ess (P.O. Box Number is Not Acceptable)		
JA	CKSONVILLE FL 32211		ļ,	33				
			L	\perp				<u></u>
				34	City	Fi	_ 85 Zip ∙	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Sta	atutes, the ab	ove	-named corpo	oration submits this statement for the purpose	of changing if	ts registered
office or i	registered agent, or both, in the Sta im familiar with, and accept the obt	ite of Florida. Such change wa iyartions of, Section 607.0505;	as authorized , Florida Statu	by tes	the corporation.	on's board of directors. I hereby accept the ap	pointment as	, registered
SIGNATURE								
	Signature, typod or pointed name of the gettered in			Ager	nt signature require	ed when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR Change	RS IN 12 Addition
NAME	CONRAD, PATRICIA			1.2 NAME			□ Outsing c	
STREET ADDRESS	8307 ATLANTIC BLVD		1.3 STREET ADDRESS		ANNRECC			1
CITY-\$T-ZIP	JACKSONVILLE FL 32211		1.4 CITY-ST-ZIP					
TITLE	D			21 TITLE			Change	Addition
NAME	CONRAD, DONALD C JR		22 NAME					İ
STREET ADDRESS	3451 WASHBURN RD		2.3 STAEET ADDRESS		ADDRESS			ì
CITY-ST-ZIP	JACKSONVILLE FL 32250		2.4 CITY-SY-ZIP		T-ZIP			
TITLE	☐ DELETE		3.1 TITL	3.1 TITLE			Change	Addition
NAME	3.		3.2 NAN	ME.				
STREET ADDRESS	. 3.3		3.3 STR	EET /	ADDRESS			ĺ
CITY-ST-ZIP			3.4. CIT		1-ZIP			
TITLE		☐ DELETE	4.1 TITL				☐ Change	Addition
NAME			4. 2 NAI					
STREET ADORESS					ADDRESS			
CITY-ST-ZIP		A PLANE		_	r - ZiP		Change	Addition
TALE			5.1 TOL				Cliquing	L POSIDOR
NAME CIDEET ADDOCCO			5.2 NAM		ADDRESS			j
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	5.4 City 6.1 Titl		- <u>z</u> (r		Change	Addition
NAME			6.2 NAM					
STREET ADORESS					ADDRESS			f
CITY CI 7ID			03.51N		1			Į.

14. Thereby cortify that the information supplied with this filling 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 suppliemental 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.

SIGNATURE:

Altried Com

3-15-98

901 641 0909