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

PROFIT
CORPORATION
ANNUAL REPORT

1997

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 02 1997 8:00am

Secretary of State

Change

Addition

DOCUMENT # P96000053929 (1)

INTERNET DISCOUNT AUTO SALES, INC.

Principal Place of Business Mailing Address 19501 NORTHEAST 10 AVENUE SUITE 203 19501 NORTHEAST 10 AVENUE SUITE 203 MIAMI FL 33179 MIAMI FL 33179-3576 3. Date Incorporated or Qualified 38. Date of Last Report 06/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Bi Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of regesered agent and title if applicable (NOTI Regis|ered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELFTE Change Addition TITLE 117806 STOPNICK, MICHAEL J NAME 1.2 NAME 19501 NORTHEAST 10 AVENUE SUITE 203 STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33179 CITY-ST-ZIP 1.4 CITY - ST - ZiP DELETE Change \_\_\_ Addition 2 1 10 LE TITLE KRARUP, JENS NAME 2.2 NAME 19501 NORTHEAST 10 AVENUE SUITE 203 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33179 2,4 CHY-S1-7IP CITY-ST-ZIP Addition DELETE Change VD. 3 1 111 LE TITLE HART, JEROLD NAME 3.2 NAME 19501 NORTHEAST 10 AVENUE SUITE 203 STREET ADDRESS 3 3 STREET ADDRESS **MIAMI FL 33179** 3.4. CITY-S1-ZIP CITY-ST-ZIP STD DELETE Change Addition TITLE 41 HILE CARANI, SHERRY L 4. 2 NAME 19501 NORTHEAST 10 AVENUE SUITE 203 STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 33179 4.4 CHY - S1 - ZIP CITY-ST-ZIP DELLITE Change Addition 51 THLE TITLE

14. I do 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 offect as if made under oath; that I am an officer or director of the corporation of 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 4. on an attachment with an address.

6.3 STREET ADDRESS

5.2 NAME

61 TITLE

62 N4ME

DELETE

5.3 STREET ADDRESS 5.4 CHY-ST-ZIP