## 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 # **P96000057950 (3)** 

CAR BUYERS EXPRESS, INC.

Principal Place of Business Mailing Address 330 SPRING LAKE HILLS DR ALTAMONTE SPRINGS FL 32714 330 SPRING LAKE HILLS DR ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3377870 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zin Zip Country This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name KHANJAHANBAKHSH, AHMED R 330 SPRING LAKE HILLS DR 82 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32714 83

1		84 City		FL 85 Zip Code
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 Signature typed or protect natural injurities applicable (NOTE Registered Agent signature required when reinstaling)  DATE				
12.	OFFICERS AND DIRECTORS	I 13.		OFFICERS AND DIRECTORS IN 12
TITLE	P	11 TUTLE	1	Change Addition
NAME	KHANJAHANBAKHSH, AHMED R	1.2 NAME		
STREET ADDRESS	330 SPRING LAKE HILLS DR	1.3 STREET ADDRESS		
CITY-ST-7#P	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP		
TITLE	VP DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GAGLIARDI, BEVERLY	2.2 NAME	i	_ · <u> </u>
STREET ADDRESS	330 SPRING LAKE HILLS DR	2.3 STREET ADDRESS		
CITY-SI-ZIP	ALTAMONTE SPRINGS FL 32714	2 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		32 NAME		••••
STREET ADDRESS		3.3 STREET ADDRESS	[	
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		·
STREET ADDRESS		4.3 STREET ADDRESS		-
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5 1 TITLE	<u> </u>	Change Addition
NAME		52 NAME	l	
STREET ADDRESS		5 3 STREET ADDRESS	!	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		62 NAME		:
STREET ADORESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14 I hereby c	ertify that the information supplied with this filing does not gual	fy for the exemption state	ed in Section 119 07/3\(\)(i) Florida Statu	ites. I further certify that the information.

14. Thereby 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 trusted 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:

Beverly

Dafrad

3-18-98

**FILED** 

Mar 13 1998 8:00am

Secretary of State