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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortisim '

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600065707 (7)

THREE DAUGHTERS AUTO, INC.

Principal Place of Business	Mailing Address		I TODITODI ILO IBIIO GIELI EDISI DDISI DI	
1825 BOUTH POWERLINE ROAD DEERFIELD BEACH FL 33442	1825 SOUTH POWERLI DEERFIELD BEACH FL			
			 Date Incorporated or Qualified 08/05/1996 	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number	Applied For Not Applicable
Suite, Ap1. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,
24 25 9. Name and Address of C	urrent Registered Agent	[30]	Florida Statutes 10. Name and Address of New R	
	onon riogisteros rigoni	81 Name	10, 110, 110, 110, 110, 110, 110, 110,	giota de la companya
CHERTOCK, STEVE 1825 SOUTH POWERLINE ROA	n			
DEERFIELD BEACH FL 33442	.D	82 Street	Address (P.O. Box Number is Not Accepta	able)
		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	7 0502 and 607.1508, Florida Sta State of Florida. Such change wa obligations of, Section 607.0505,	itutes, the above-named as authorized by the corp Florida Statutes.	corporation submits this statement for the poration's board of directors. I heroby acc	purpose of changing its registered opt the appointment as registered
SIGNATURE Signature, typed or printed name of register	and agent and title if applicable.	VO1E Registered Agent signature	combod when coinclobing	DATE
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE PRES	DELETE	11 1ITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition
NAME STEVE Chert	ه دلات	12 NAME		
STREET ADDRESS 13312 KINGES	Just Dei	1.3 STREET ADDRESS		
CITY-ST-ZIP WENNING	THEE Edinoral	1.4 CITY-ST-ZIP		
TITLE STAW CHAMO	تاري DELETE	2.1 TITLE		Change Addition
NAME 4.9	and med	2.2 NAME		
STREET ADDRESS	* 1	2.3 STREET ADDRESS		
CITY-ST-ZIP WELL CASE	-25 mor 3310		AND	
TITLE	DELETE A	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREFT ADDRESS		
CITY-ST-ZIP	T DELETE	3.4 C(1Y-ST-7)P		
THLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		i
CITY-S1-ZIP	DELETE	4.4 CITY - \$1 - ZIP		Change Addition
TITLE	☐ DECEME	5.1 TITLE		Ci change Ci Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-\$T-ZIP	DELETE	5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	L'1 DEFETE	6.1 TITLE		C oughts C wonton
I NAME		6.2 NAME		

City-st-zip

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 effect as if made under oath; that I am an officer or director of the corp. Align 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 the state of the corp. Align 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 the state of the corp. Align 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 the state of the corp.