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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000067691 (1)

CAR BROKERS, INC.

Principal Place of Business

Mailing Address

## FILED Jun 06 1997 8:00am Secretary of State



4717 NORTH LOIS AVENUE TAMPA FL 33614			4717 NORTH LOIS AVENUE TAMPA FL 33614-7046									
								3. Date Incorporated or Qualified 08/14/1996	3a. Da	ate of Las	st Report	
2. Principal P	Place of Busines	2a. Mailing Address					4. FEI Number	-		Applied For		
21		26					59-33959/3 Not Applicable					
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Additional Fee Required					
City & Stat	ie .	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip		Country	)—————————————————————————————————————			untry	The corporation has my for					
24	25 9. Name and Address of Current R			29 30				Florida Statutes Yes No  10. Name and Address of New Registered Agent				
<del></del>			Registere	a Agent		81	Name	10. Name and Address of New Re	gistereo /	Agent		
AMERILAWYER CHARTERED						61	Marrie					
343 ALMERIA AVENUE			Ē			82	Street Add	Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134												
		<b>×</b>				83						
		•				84	City		FL	85 2	ip Code	
office or r	registered agont	s of Seations 607.0502 , or both, in the State of and accept the obligat	if Florida. S	luch change was :	authorize	ed by	the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	ourpose of pt the app	f changin ointment	g its registered as registered	
SIGNATURE	Stansture typed or p	rinted name of registered agent	and title if app	licable (NOI	E: Register	ed Age	nt signature regi	uired when reinstating)	DATE			
12.	- 4	OFFICERS AND			13.	·		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12	
TITLE	Preside	n.		DELETE	1.1 1	ITLE				Chan	ge 🔲 Addition	
NAME	Romm	y Kriplanu			1.2 )	MAN						
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NAME	Pomm	y Kriplan	î		3.2	AME						
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NAME					4 :	JAME						
STREET ADDRESS							ADDRESS					
City-St-Zip							1 - 21P					
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NAME				— ·	5.1	AME						
STREET ADDRESS	]				5.	ľ	ADDRESS					
CITY-ST-ZIP					6.	B	T - ZIP					
TITLE	<del> </del>			DELETE	6: 6:	LE	1 - 411		· · · · · · · · · · · · · · · · · · ·	Chan	ge Addition	
NAME	]				,	ME.						
STREET ADDRESS					Š		ADDRESS					
					1							
14. I do here	by certify that th	a information supplied	with this fil	no does not aueti	ify for		T-ZIP mption state	ed in Section 119.07(3)(i), Florida Statute	s. I furlhe	r certify t	hat the	
Informatio	on indicated on I officer or director	the annual report or su out to corporation or the lock 11 it changed, or o	pplementa he receiver	l annual report is t or trustee e <b>mp</b> ov	true a vered	ccu	rate and th	at my signature shall have the same leg- ort as required by Chapter 607, Florida	al effect as	s if made	under oath; that	