

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 # P96000078406 (1)

1. Corporation Name

AUTO-MATE AUTOMOTIVE SALES, INC.

Principal Place of Business

4815 W ROBINSON ST
ORLANDO FL 32811
US

Mailing Address

1018 GALSWORTHY AVE
ORLANDO FL 32809
US

FILED
Feb 27 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1996

4. FEI Number

59-3402704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26 1018 2336 HIGH ST.

Suite, Apt. #, etc.

27 City & State

28 WINTER PARK FL.

Zip

Country

29 32792

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAUGHLIN, KEVIN S
2336 HIGH STREET
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME MALESEV, DOUGLAS M
STREET ADDRESS 1018 GALSWORTHY AVE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VPS
NAME MCNABB, W H
STREET ADDRESS 1539 OAKWOOD CT
CITY-ST-ZIP APOPKA FL

☒ DELETE

TITLE D
NAME LAUGHLIN, KEVIN S
STREET ADDRESS 2336 HIGH ST
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PT
1.2 NAME LAUGHLIN KEVIN S.
1.3 STREET ADDRESS 2336 HIGH ST.
1.4 CITY-ST-ZIP WINTER PARK FL

☒ Change ☐ Addition

2.1 TITLE VPS
2.2 NAME CHARLES HOMBERI
2.3 STREET ADDRESS 4815 W. ROBINSON ST.
2.4 CITY-ST-ZIP ORLANDO FL. 32811

☐ Change ☒ Addition

3.1 TITLE D.
3.2 NAME MALESEV DOUGLAS M.
3.3 STREET ADDRESS 1018 GALSWORTHY AVE.
3.4 CITY-ST-ZIP ORLANDO FL.

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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:

President, Douglas M. Malesev

2-23-98

407-857-2328

CR2034 (10/97)