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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080485 (1)

GEM AUTO TRUCK SALES, INC.

Principal Place of Business Mailing Address 3300 SOUTHEAST 11TH AVENUE 3300 SOUTHEAST 11TH AVENUE SUITE C SUITE C FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0699705 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NOLAN, JAMES T 3300 **SOUTHEAST 11TH AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE C FORT LAUDERDALE FL 33315 **B3** 84 City 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 printed name of registered agent and title if applicable (NOTE: Rog stered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE Change JAMES T NOLAN NAME 1.2 NAME 5532 PARK RD STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY - ST - ZIP 14 CITY - ST - ZIP DELETE TITLE Change 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS

64 CITY-ST-ZIP 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

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34. CITY-ST-ZIP

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Jan 26 1998 8:00am

Secretary of State

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