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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083123

 Corporation 	Haine					`		
AUTO DEALERS GROUP, INC.						1		
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Principal Place	of Business		Mailing Address			3 100 \$100 £ 110 10110 01151 00 111 00114 03115 0	MCM1 10100 61101 11011	1 11 0 00 1514 1 0 6 5
1401 HIGHWAY A1A 1401 HIGHWAY A1A								
VERO BEACH FL 32963 VERO BEACH FL 32963					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	HIS SPACE	1
						10/04/1996		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	plied For
21 26					65-0702921	⊢ +−-	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional	
27					- 5. Certifcate of Status Desired	Fee Re	equired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution	Added	to Fees
Zip	Cour	ntry	Zip	Countr	у	8. This corporation owes the current year		
24	25		29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Add	dress of Current	Registered Agent		4	10. Name and Address of New Register	red Agent	
CALL	NAZELE NAZILLIANA N	N/		8	1 Name			
CALDWELL, WILLIAM W 756 BEACHLAND BOULEVARD			82	2 Street Ad	ldress (P.O. Box Number is Not Acceptable)	-		
	DEACHEAND BOO DEACH FL 3296			8:	2		· · · · · · · · · · · · · · · · · · ·	
AELI	D DEMOIT TE SESO	•		0	3			
			_	8-	4 City		85 Zip	Code
dd Diversit	n the annihing of C	00000 507 0503	and 607 1509 Florida Statu	tor the above	ve named co			registered
office or re	egistered agent, or be	an, in the state	f Florida, Such change was	authorized by	y the corpora	orporation submits this statement for the purposition's board of directors. I hereby accept the ap	pointment as re	gistered
agent, I ar	n familiar with and a	ccept the obligati	ons 5 Section 607.0505, FI	onda Statute	s.	عالات	69	ĺ
SIGNATURE	Signature, typed op printed no	arne of registered agent	and title if applicable. (NO)	E: Registered Ag	ent signature requ	uired when reinstating) DATE	/ / _	
12.		OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIDECTO	NOC 111 40
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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 accrate 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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 561-231-5885