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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMANT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600089504 (0)

DEALER KING ENTERPRISES, INC.

FILED Jun 03 1997 8:00am Secretary of State



| Principal Place of Business | | Mailing Address | | | | I SOBSERE SE SESSION OF THE SOUR SOUR SOUR SOUR SOUR SOUR SOUR SOUR | | | | |
|---|--|---|----------------------------|-------------|----------------------------------|---|---|-------------------------|----------------------------|-----------------------------|
| 13344 BURTON PLACE | | 12570 ORANGE GROVE BLVD. | | | | | | | | |
| WELLINGTON FL 33414 | | ROYAL PALM BEACH FL | 33411-8909 | 9 | | | | | | |
| | | | | | | 100 | ata Innarparated or Qualified | las Do | to of Loot F | Innort |
| | | | | | | | ate Incorporated or Qualified D/24/1996 | 38. Da | te of Last F | eport |
| 2. Principal Place of Business | | 2a. Mailing Address | | | | 4. F | I Number | <u> </u> | Ar | oplied For |
| 21 | | 26 | | | | \perp ι | 05-0723144 | | No | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | ertificate of Status Desired | | \$8.75 | Additional |
| 22 | | 27 | | | | 5 . C | eranicale of Status Desired | | Fee Re | equired |
| City & State | | City & State | | | | 6. El | ection Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | , | | | Tr | ust Fund Contribution | <u> </u> | Added | to Fees |
| Zip | Country | Zip | Cour | ntry | | 1 | nis corporation has liability for in | | | . 199.032, |
| 24 25 | 4 | 29 | 30 | | | | orida Statutes ame and Address of New Res | | No | |
| 9, Name and Address of Current Registered Agent | | | | | Name | 10, N | ame and Address of New Hel | liste.en y | gent | |
| GIES, LEEANN | ODOUE BLUD | | | 81 | Ivanic | | | | | |
| 12570 ORANGE (| | | 82 Street Addre | | | ess (P.O | Box Number is Not Acceptable | le) | | |
| ROYAL PALM BE | AUM FL 33411 | | } | 83 | | | | | | |
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| | | | Ì | 84 | City | | | | 85 Zip | Code |
| 43 8 | | | | | | | | FL | <u> </u> | |
| office or registered agen | is of Sections 607.0502 an | id 607.1508, Fiorida Statu Iorida. Such change was | ites, the at authorized | ove vd b | e-named corpo the corporation | ioration s ion's boa | submits this statement for the pure of directors. I hereby accept | urpose of t the appo | changing it pintment as | ts registered reaistered |
| agent. I am familiar with, | and accept the obligation | s of, Section 607.0505, F | lorida State | utes | | | | | | |
| SIGNATURE | | | | | | | | | | |
| Signature, typed or p | printed name of registered agent and OFFICERS AND DII | | 13, | Agea | n(signature require | | nstaling) DITIONS/CHANGES TO OFFICE | DATE ERS AND | DIRECTOR | 9S IN 12 |
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| 1,62 | es Johnso | | 1.2 NA | | | | | | | |
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| CETY-SI-ZEP | | | 6 4 CH | Y-\$1 | r-ZIP | | | | | |
| 14 I do hereby certify that th | ne information supplied wit | h this filing does not gual | ify for the e | exer | notion stated | in Section | on 119 07/3\/ii\ Florida Statutes | Lfurther | certify that | the |

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 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 (5) changed, or or an attachment with an address.

SIGNATURE AND SON SON

V. PRes. 561-790323