## 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 # P96000092014 (5)

**NEWPORT AUTO SALES, INC.** 

## **FILED** Jun 01 1998 8:00am Secretary of State



| Principal Place of Business                       |  | Mailing Address                    |  | r reminent tim inten afert anter abert abert abert abert tilte berte tille bille tille   |   |  |
|---|--|------------------------------------|--|--|---|--|
| 1018-8 WEST BRANDON BOULEVARD<br>BRANDON FL 33511 |  | P.O. BOX 280516<br>TAMPA FL 33682  |  |  |   |  |
| OWNINGOM FL                                       |  | US                                 |  | DO NOT WRITE IN THIS   | SPACE                                   |  |
|   |  |                                    |  | 3. Date Incorporated or Qualified  |   |  |
| <del></del>                                       |  |                                    |  | 11/07/1996   |   |  |
| 2. Principal Pl                                   | lace of Business  Buildrandon          | 2a. Mailing Address                | (280616                                      | 4. FEI Number  | Applied For                             |  |
| Suite, Apt.                                       |  | 26 P O 150 X                       | ( NO COIL                                    | 59-3410127   | Not Applicable                          |  |
| 22 13 10  |  | 27                                 |  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required       |  |
| City & State 23 3741                              | ndon F-1                               | City & State  TAMPA                | E1   | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees          |  |
| Zip 3 3   | SII 25 W.S.A                           | 29 71p 33682 30                    | Country                                      | This corporation owes or has paid the culture Personal Personal Terror to Terror | rrent year Intangible                   |  |
| F1 - 7  | g. Name and Address of Current         | - L. I                             | 1  | Personal Property Tax due June 30.  10. Name and Address of New Registered   |   |  |
| MA  | ERILAWYER CHARTERED                    |                                    | B1 Name                                      |  |   |  |
| 343 ALMERIA AVENUE                                |  |                                    | 99 Stroot Addre                              | 82 Street Address (P.O. Box Number is Not Acceptable)  |   |  |
|   | RAL GABLES FL 33134                    |                                    | 52 Street Addre                              | ass (P.O. box Number is Not Acceptable)  |   |  |
| V   |  |                                    | 83   |  |   |  |
| ( <b>♥</b>  |  |                                    | 84 City                                      |  | 85 Zip Code                             |  |
|   |  |                                    | <b>                                     </b> | FL pration submits this statement for the purpose o  | .   -   '                               |  |
| agent. Lar<br>SIGNATURE                           | m familiar with, and accept the obliga | lions of, Section 607.0505, Florid | la Statutes.                                 | on's board of directors. I hereby accept the app   | pointment as registered                 |  |
| 12.   | OFFICERS AND                           |                                    | 13.  | ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTORS IN 12                         |  |
| TITLE   | PSTD                                   | ☐ DELETE                           | 1.1 TOLE                                     | ADDITIONO/OFFANGES TO OFFIGERS AND   | Change Addition                         |  |
| NAME  | ALHAMDANI, FALAH                       |                                    | 1.2 NAME                                     |  |   |  |
| STREET ADORESS                                    | 1018-8 WEST BRANDON BOU                | LEVARD                             | 1.3 STREET ADDRESS                           |  |   |  |
| CITY-ST-ZIP                                       | BRANDON FL 33511                       |                                    | 1.4 CITY+ST-ZIP                              |  |   |  |
| TITLE   |  | DELETE                             | 2.1 TITLE                                    |  | Change Addition                         |  |
| NAME  |  |                                    | 2 2 NAME                                     |  |   |  |
| STREET ADDRESS                                    |  |                                    | 23 STREET ADDRESS                            |  |   |  |
| CITY-ST-ZIP<br>TITLE                              |  | ☐ DELETE                           | 2 4 CITY - ST - ZIP<br>3 1 TITLE             | · · · · · · · · · · · · · · · · · · ·  | Change L Addis-                         |  |
| NAME  |  | € DECEIG                           | 3 1 IIILE<br>3 2 NAME                        |  | Change Addition                         |  |
| STREET ADDRESS                                    |  |                                    | 3.3 STREET ADDRESS                           |  |   |  |
| CITY-ST-ZIP                                       |  |                                    | 3.4. CITY-ST-ZIP                             |  |   |  |
| TITLE   | <del></del>                            | DELETE                             | 4.1 TITLE                                    |  | Change Addition                         |  |
| NAME  |  |                                    | 4. 2 NAME                                    |  | · • • • • • • • • • • • • • • • • • • • |  |
| STREET ADDRESS                                    |  |                                    | 4.3 STREET ADDRESS                           |  |   |  |
| CITY-ST-ZIP                                       |  |                                    | 4.4 CITY-ST-ZIP                              |  |   |  |
| TITLE   |  | DELETE                             | 5.1 TITLE                                    |  | ☐ Change ☐ Addition                     |  |
| NAME  |  |                                    | 5.2 NAME                                     |  |   |  |
| STREET ADDRESS                                    |  |                                    | 5.3 STREET ADDRESS                           |  |   |  |
| CITY-ST-ZIP                                       |  |                                    | 54 CITY-ST-7IP                               |  | <b></b>                                 |  |
| TITLE   |  | ☐ DELETE                           | 6.1 TITLE                                    | 2000025433   | Change  Addition                        |  |
| NAME  |  |                                    | 6.2 NAME                                     | -06/02/980101600   | T£ \V,                                  |  |
| STREET ADDRESS                                    |  |                                    | 6.3 STREET ADDRESS                           | ***150.00  | ~ / <i>\\</i> / \                       |  |
| CITY_ST_ZIP                                       |  |                                    | E & CITY, ET 7ID                             | err are the fine tage  | u.i i                                   |  |

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 an attachment with an aptress.