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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000095359 (1)

CAR PLAZA OF WEST PALM BEACH, INC.

Principal Place of Business Mailing Address  8360 WEST OAKLAND PARK BLVD. 8360 WEST OAKLAND PARK BISUITE 201 SUNRISE FL 33351 SUNRISE FL 33351-7338							
					3. Date Incorporated or Qualified 11/21/1996	3a. Date of L	ast Report
	lace of Business	2a. Mailing Address			4. FEI Number	/	Applied For
21 Suite, Apl. #. etc.		26 Cuito Ant # ata	Suite, Apt. #, etc.		65-070886		Not Applicable
22		<del>-</del>	Suite, Apr. #, etc.		5. Certificate of Status Desired		75 Additional
City & State	9	City & State	<del></del>		E Florito Compain Francis		e Required
23		ê '	28		6. Election Campaign Financing Trust Fund Contribution  5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for i		
24	25	29	30			Yes No	dei 8. 199.002,
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent	
ARIE	MREJEN, P.A.		81	Name			
701	W. CYPRESS CREEK ROAD		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
	E 302		L. L			, io,	
FOR	T LAUDERDALE FL 33309		83				
			84	City		Terl	Zip Code
			1 1	•	oration submits this statement for the pon's board of directors. I hereby accep	FL  85	•
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and little if applicable (NOTE AND DIRECTORS	Hegistered Agent	s-gnature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	CTORS IN 12
TITLE	D	DELETE	1.1 TITL(	DE	AELTOL - PLESSOENT	Cha	
NAME	Kadoch, David		1.2 NAME				
STREET ADDRESS	8380 WEST OAKLAND PAR	IK BLVD., SUITE 201	1.3 STREET AD	DRESS			•
CITY-ST-ZIP	SUNRISE FL 33351		1.4 CITY - ST - A				
TITLE		☐ DELE1E	2.1 TITLE	DI	ECTOR - SECRETARY	☐ Cha	ange 💹 Addition
NAME			: 2.2 NAME	35	ENAGOE, GEDEON OF STREET		_
STREET ADDRESS			2.3 STREET AD	DRESS 98	00 SW 40 STREET		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2.4 CHY-SI-	7IP PLA	ONTATION FL ECCTOR - TABASURBA		
TITLE		☐ DELETE	3.1 THLE	Dra	lector - Treasurer	Cha	inge 🔀 Addition
NAME			3.2 NAME	2.	rik, Islael	<b>.</b>	
STREET ADDRESS			3.3 STREET AD	DRESS /A.	700 N. BISCAYNE BLVD.,	223	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST	ZIP N	PUR, ISLAGL 100 N. BISCAMIE BLVD., PATH MEAME, FL 3311	<u> </u>	[ ] 1.1m
NAME			4.1 71TLE		•	Cha	nge [_] Addition
STREET ADDRESS			4. 2 NAMÉ	.noree		•	
CITY-ST-ZIP			4.3 STREET AD				
TITLE		DELETE	4.4 CITY - \$1 - 2 5.1 TITLE	:II-		Cha	nge Addition
NAME			5.2 NAME				go [] ROURIUI
STREET ADDRESS			5.3 STREET AD	DRESS			
CITY-ST-ZIP			5.4 CITY-ST-2				
TITLE		DELETE	6.1 TITLE			Cha	nge Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREFT AD	DRESS			
CITY-ST-ZIP			6.4 CITY-ST-2	np			
14. I do hereb information I am an of appears in	y certify that the information support of indicated on this annual report of the corporation in Block 12 or Block 13 if changed	blied with this filing does not qualified supplemental annual report is true or the receiver of sustee empowers, or on an attachment with an add	y for the exempuse and accura ered to execute ress.	otion stated te and that i this report	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal as required by Chapter 607, Florida St	. I further certify effect as if mad atutes; and that	that the e under oath; tha my name