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 #

P96000096288 (1)

TRUE VALUE CARS & TRUCKS, INC.

Principal Place of Business

Mailing Address

SIG MEWIDOOT DOIVE

510 NEWPORT DRIVE

FILED May 14 1998 8:00am Secretary of State



INDIALANTIC FL 32903		INDIALANTIC FL 32903		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
A B		- 1 A- 1677 - 1777 -		11/26/1996	
2. Principal Pla		2a. Mailing Address 26 P.O. BOX -	34901	4. FEI Number	Applied For
21 416 S Suite, Apt. #		26 F. D. /SO X - Suite, Apt. #, etc.	374"	59-3413346	Not Applicable \$8.75 Additional
22 UNIT-16 City & State 23 W. MELBONKNE, Fl.		City & State 28 SNDIALANTIC FL.		5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees	
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
JOH	HNSON, A.S.		81 Name 3	agrison AUBERTS.	
	NEWPORT DR.		82 Street Add	reno (D.O. Boy Murrings in Not Accomtable)	
IND	NALANTIC FL 32403		83 4	CAN BORRO 1346	BLVD.
				PT-613	
			84 City	LBOURNE FI	85 477425
11, Pursuaer	the provisions of Sections 607.056	02 and 607.1508, Florida Statute	s, the above-named corr		of changing its registered
office or I	tered agent, or own, in the State	e of Florida, Such change was au ations of Section 607.0505. Flor	ulhorized by the corporal ida Statutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE _		TONNEON	ALBERT	- S.	Þ/98
SIGNATURE S	Rignaturn, typini		Ng stered Agent signature requi		<u>'</u>
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTD	BELETE	1 I TITLE	STD SIGNATE	Change Addition
NAME	JOHNSON, ALBERT S		1.2 NAME	OHNSON AUSERT S. BOS CAKIBBEAN BLUL	3 #613
STREET ADDRESS	\$10 NEWPORT DRIVE INDIALANTIC FL 32903		1.3 STREET ADDRESS	LIBOURNE FL. 329	3.5
CITY-ST-ZIP TITLE	D ENDINGHIO PE 32803	DELETE	2.1 TITLE	- J.	☐ Change ☐ Addition
NAME	JOHNSON, FAITH A		2.2 NAME		
STREET ADDRESS	510 NEWPORT DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		2. 4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T brierr	3.4. CITY - ST - ZIP		T 05
TITLE		☐ DELETE	4.1 Title		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		- vivingo Limit resident
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	· •		6.4 CITY - ST - ZIP		
14. I hereby co indicated o officer or d	on the annual roport or cumplement	al annual report is true and seen	rate and that my pianatu	Section 119.07(3)(i), Florida Statutes. I further our shall have the same legal effect as if made unuired by Chapter 607, Florida Statutes; and that	nder oath: that I am an