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

FILED Jan 26 1998 8:00am Secretary of State

DOCUMENT # P96000099435 (5)								
SADVA MOTORCARS, INC.								
ONDIA	MOTORIO, MO					A CHARLAND LINE CREATE RESENTATION DULL BRAIN BREEF AND LEG AN		.
Principal Place of Business Mailing Address						- 1 (831/00) 3/9 (81/9 81/10 81/11 20/4) 48/11 88/18 18	NA FRECI MINN	4 (((5) %))
365 PARK FOREST WAY 365 PARK FOREST WAY								
WELLINGTON	FL 33414	WELLINGTON FL 33414				DO NOT WRITE IN THIS	CDACE	
						3. Date Incorporated or Qualified	SPACE	
						12/10/1996		
2. Principal P	lace of Business	2a. Maiting Address				4. FEI Number		Applied For
21		26	26			65-0715475		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	5 Additional	
22		27			5. Certificate of Status Desired	Fee	Required	
City & State	e	City & State			6. Election Campaign Financing		May Be	
23		28	T - 2			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the cu	irrent year X Yes	Intangible
24 25 29 30 9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. 10. Name and Address of New Registered		
\MiT	TKOWSKI, RONALD ESQ.		1 Na	ame	10.			
	77 JOG RD		į.			(D.O. Day N. Joseph N. A.		
SUITE D5				12 St	eet Addres	ss (P.O. Box Number is Not Acceptable)	=	
LAKE WORTH FL 33467				13	· · · · · · · · · · · · · · · · · · ·			
				14 Ci	tve		85 Z	p Code
			1		•	<u> </u>	_ 1 1	
11. Pursuant l	to the provisions of Sections 607.05 eaistered agent, or both, in the Sta	502 and 607.1508, Florida Statut te of Florida, Such change was :	es, the abo authorized	ove-na by the	med corpo corporatio	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment	j its registered as registered
agent I a	m familiar with, and accept the obl	gations of, Section 607.0505, Fl	orida Statu	tes.		,		
SIGNATURE	Signature, typed or printed name of registered a	ment and title # orrelieshts /htm	T. Domintured /	ant de		5 when reinstating) DATE		
12.	·	ND DIRECTORS	13.	ngerit aig	latore redoired	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE				1,1 TITLE			Change	
NAME	SADOVIC, STEPHANIE M		1.2 NAM	1.2 NAME				
STREET ADDRESS	365 PARK FOREST WAY		1.3 STRE	1,3 STREET ADDRESS				
CITY - \$T - ZIP			1.4 CITY	1.4 CITY-ST-ZIP				
TITLE	The state of the s		2.1 TITL!	2.1 TITLE			Change	e 🔲 Addition
NAME			2.2 NAM	2.2 NAME				
STREET ADDRESS			2.3 STRE	2.3 STREET ADDRESS				
CITY-ST-ZIP				2, 4 CITY - ST - ZIP			132	
TITLE			3,1 TITL				L_1 Change	e 🔲 Addition
NAME			3.2 NAM					J
STREET ADDRESS			3.3 STRE					
CITY - ST - ZIP TITLE			3,4, CITY 4,1 TITLE				Change	e Addition
NAME			4, 2 NAN				CT Orange	,
STREET ADDRESS			4.3 STRE		FS\$			
CITY-ST-ZIP			4.4 CITY		ŧ .			
TITLE		DELETE	5.1 TITU				Change	e Addition
NAME			5.2 NAM	E	ł			ł
STREET ADDRESS			5.3 STRE		ESS			
CITY - ST- ZIP			5.4 CITY					
TITLE		DELETE	6.1 TITU	Ę			Change	e Addition
NAME			6.2 NAM	E	ſ			ĺ
STREET ADDRESS			6.3 STRE	ET ADDR	ESS			
CITY-ST-ZIP			6.4 CITY					
14 [bereby o	entity that the information supplied	with this tiling does not qualify for	or the exem	notion	stated in S	ection 119.07(3)(i). Fiorida Statutes, I further c	edity that I	ce information. I

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 on an attachment with an address.

SIGNATURE: _B