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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000100011 (1)

ELITE AUTO SALES, INC.

Principal Place of Business Mailing Address

FILED May 19 1998 8:00am Secretary of State



3081 HOLIDAY SPRINGS BOULEVARD MARGATE FL 33063		3081 HOLIDAY SPRINGS BOULEVARD MARGATE FL 33063			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 01/01/1997		
	Place of Business	2a. Mailing Address	24 - 2	4. FEI Number	Applied For	
21 3081	HOLIDAY SPGS. BLVD.	26 3081 HOLIUT	by Spes blu	0. 65-07/3211	Not Applicable	
Suite, Apr. #, etc. 22 APT. 202		Suite, Apt. #, etc. 27 APT 202		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	_	City & State	. .	6. Election Campaign Financing	\$5.00 мау ве	
23 <i>MABC</i> Zip	Country	28 MARGATE	FL.	Trust Fund Contribution	Added to Fees	
24 J3300		Zφ 29 33063	. ٨ كُلُّنُ 📆 🔞	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible	
	9. Name and Address of Current			10, Name and Address of New Registered	Agent	
AMÊRILAWYER CHARTERED 81 Name :				JOSEPH V. ANTONUCCI		
343 ALMERIA AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			308	B) HOLLDAY SPRINGS BLVD. A	PT. 202	
			B3			
			84 City	IARGATE FL	85 Zip Code 33063	
44 Pure upt to the provisions of Socious 607.05/12 and 607.15/08 Etroids Statutes the approximated corporation submits this statement for the purpose of changing its registered.						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signated by typical of production and of regulatered ago at and tale of applicable (NOTE Registered Agost signature required which reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	ANTONUCCI, JOSEPH V		1.2 NAME			
STREET ADDRESS	3081 HOLIDAY SPRINGS BOI	ULEVARD	1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY - ST - ZIP		7	
TITLE	}	DELETE	2.1 HTLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADORESS	• •		
CITY-ST-ZIP TITLE		DELETE	2 4 CHY-ST-ZIP 31 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST - ZIP			
TITLE		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		Dri Fee	54 CITY-ST-ZIP		Disease Addition	
TITLE		☐ DELETE	6.1 TITLE		Change	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		}	
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for	the exemption state	ed in Section 139.07(3)(i) Florida Statutes I further ce	rtify that the information	
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 on an attachment with an address						