

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90161 003 \*\*\*150.00

DOCUMENT # P96000101054

1. Corporation Name

PREMIER MOTORCAR OF PALM BEACH, INC.



Principal Place of Business

1862 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33409-4107

Mailing Address

1862 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33409-4107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

Applied For

Not Applicable

2. Principal Place of Business

21 7653 EDGEWATER DR.

Suite, Apt. #, etc.

22

City & State

23 W. Palm Beach, FL

Zip -8117 Country

24 33406 25 USA

2a. Mailing Address

26 P.O. Box 18002

Suite, Apt. #, etc.

27

City & State

28 W. Palm Beach, FL

Zip -8002 Country

29 33416

30 USA

4. FEI Number

65-0715014

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

MURPHY, ALAN M

1862 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33409-4107

10. Name and Address of New Registered Agent

81 Name

ALAN M. MURPHY

82 Street Address (P.O. Box Number is Not Acceptable)

7653 EDGEWATER DR.

83

84 City

W. Palm Beach

FL

85 Zip Code

33406-

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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.

ALAN M. MURPHY

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

8717

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME MURPHY, ALAN M  
STREET ADDRESS 1862 OKEECHOBEE BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33409-4107

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

7653 EDGEWATER DR.

W. PALM BEACH, FL 33406

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

561-329-0484

Daytime Phone #

CR2E034 (11/98)

0327410