PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102047

1. Corporation Name

LYONS AUTOMOTIVE WAREHOUSE, INC.

Principal Place of Business								
6601	LYONS	RD.	SUITE	F-2				

Mailing Address

6601 LYONS RD. SUITE F-2 COCONIT CREEK FL 33073

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90124 039 ***150.00



COCONUT CREEK FL 33073		COCONUT CREEK FL 33U/3		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				01/01/1997	
2. Principal Pla	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 2 (2)	N.W. 174 LANGE	26 2521 N.W.	17 K LANG	65-0714800	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 SUITE	<i>3</i>	27 SVITE 3		5. Certificate of Outro Double	Fee Required
City & State	the second of the second	City & State	المراجع المستحد	6. Election Campaign Financing	\$5.00 May Be
23 Pompa			AcH IZL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	
24 33064	1 25 USA	29 33064 30	USA	Personal Property Tax.	
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
SENE	edon, steven s		VI Name		
	-LYONS RD, SUITE F-2			ess (P.O. Box Number is Not Acceptable)	ا د م
	ONUT CREEK FL 33073		83 2521	N.W. 17 LANE Suit	c 3
-			**		
			84 City	EI EI	85 Zip Code
		and 607 1509. Elorida Statutas	the above named corne	protion authority this statement for the number of	- 3304Y
office or re	egisteredragent, or both, in the State of	of Florida. Such change was auth	onzea by the corporatio	on's board of directors. I hereby accept the appoi	intment as registered
agent. I ar	n familiar with, and accept the obligat	lions of, Section 607.0505, Florida	Statutes.	./ /-	·
SIGNATURE	Show & Rel-		gistered Agent signature required	d when reinstating) ATE	
12.	Signature, typed or minted name of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENEDON, STEVEN S		1.2 NAME		}
STREET ADDRESS	10720 NW 55TH PL		1.3 STREET ADORESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FUNGAROLI, RICHARD		2.2 NAME		
STREET ADDRESS	4502 NW 5TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33413		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 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	·	·	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .			6.2 NAME		Ì
STREET ADDRESS	4		6.3 STREET ADDRESS		ĺ
000/07 700			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 AND WEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENEGON

199 954-958-8308 Daylime Phone # CR2E034 (11/98)