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

FILED PROFIT May 20 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** SILVER AUTO SALES. Principal Place of Business Mailing Address 3017 Palm Beach Blvd. 3017 Falm Blvd. Fort Myers, FL 33916 Fort Myers, FL 33916 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2-1-97 4. FEI Number 65-0712835 2. Principal Place of Business 2a. Mailing Address Applied For 3017 Palm Deach Blvd. Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution 23 Fort Myers, Added to Fees 28 Country 8. This corporation owes or has paid the current year intangible USA 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name William Silver Craig King Street Address (P.O. Box Number is Not Acceptable)
1700 Medical Iane 1457-4 N. Tamiami Trail 82 N. Ft. Myers, FL 33903 83 Fort Myers. FL 84 City Zip Code 33907 Fort Myers 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. Understood the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 78-88-W SIGNATURE (NOTE: Hugistered Agent signature required when reinstating) st fille. Lapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. FICERS AND D NECTORS 13. DELETE Change 1.1 1111. TITLE . William Silver NAME 1.2 NAME 3017 Falm Beach Blvd. STREET ADDRESS 1.3 STREET ADDRESS Fort Myers, FL 33916 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 211111 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change 3.1 TAILE TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS dδ 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ■ Addition 0000025327 NAME 6.2 NAME -05/22/98--01014--028 ***150.00 STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-S1-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 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 supplied and that I am an officer or director of the corporation or the receiver of trustify 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:

WM. C. S! Ver 4/36