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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000103756 (8) DOCUMENT #
1. Corporation Name

AMANDA AUTO, INC.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

**FILED** May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										. 168(188) 118 18112 21111 22111 22		A	110 6111 1891
5651 SW 23RD ST 5651 SW 23RD ST													
HOLLYWOOD FL 33023 US HOLLYWOOD FL 33023 US										DO NOT WE	HTE IN TH	IS SPACE	
08				00					3	3. Date Incorporated or Qualifi	ed		
										12/20/1996			
2. Principal Place of Business				2a. Mailing Address					14	f. FEI Number		Ar	plied For
21				26						65-0725262		No	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				٦,	5. Certificate of Status Desired			Additional	
22				27					o, continuate of oldinor obtained		Fee Re	equired	
City & State				City & State				- 6	<ol><li>Election Campaign Financin</li></ol>			May Be	
23				28						Trust Fund Contribution	<u> </u>		to Fees
Zip	Country			—, ` ├ <del>-</del> -,			Country		١	B. This corporation owes or ha	•		tangible ] No
24 25 9. Name and Address of Curren				29 30			Personal Property Tax due June 30. Ye  10. Name and Address of New Registered Ager				7 (40		
CI	IEED. WILLIA		ioni nogi	stored rigeri		- 8	31	Name		<u>, , , , , , , , , , , , , , , , , , , </u>			
						L	_						
5550 \$W. 23 ST. HOLLYWOOD FL 33024						8	32	Street Addr	iress	(P.O. Box Number is Not Acce	ptable)		
,,,,	LLI WOOD I	L 00024				8	33						
1						18	34	City			F	<b>85</b> Zip	Code
11. Pursuant 1	to the provision	s of Sections 607.0	0502 and	607.1508, Flo	orida Statute	s, the abo	ove-	named corp	rporat	ion submits this statement for t	he purpose	of changing i	ts registered
office or r	anietorad agar	it, or both, in the St and accept the ob	alo of Fior	ida Suchich	anna was ai	uthorized	hν	the corporat	ation's	s board of directors. I hereby a	ccept the a	ippointment as	registered
1	ili i <b>g</b> arinico vitti	and doodyn and do	genoric	,, 000000									
SIGNATURE	Signature, typed or	printed name of registered	agent and life	o if applicable	(NOTE	Registered /	Agen	luper erutangia t	ulred wh		DATE		
12.		OFFICERS /	and dire			13.				ADDITIONS/CHANGES TO O	FFICERS A		
TITLE	VD			Ц	DELETÉ	1.1 TML						∐] Change	Addition
NAME		VILLIAM R				1.2 NAM							
STREET ADDRESS							1.3 STREET ADDRESS						
CITY-ST-ZIP		OOD FL 33024			AF: 577	1.4 CITY		-21P				Channa	LAddition
TITLE	PD	MOCADET I		ليا	DELETE	2.1 TITL						L. Change	Addition
NAME		MARGARET J				2.2 NAM							
STREET ADDRESS	5550 S.W							ADDRESS					
CITY-ST-ZIP	HULLYW	OOD FL 33024			NEC PER	2. 4 CIT		T-ZIP				Change	Addition
TITLE				Ш	DELETE	3.1 TITL						L. CHANGE	L Addreson
NAME !						3.2 NAM							
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP					DELETE	3.4. CIT		T- ZIP				Change	Addition
TITLE					NETE (	4.1 TITU						r ∩ cuantige	
NAME						4. 2 NA		1000500					
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP	<u> </u>				DELETE	4.4 C(T)		- ZIP				Change	Addition
TITLE				Ц	DELETE	5.1 TITL						L Onange	
NAME						5 2 NAN							
STREET ADDRESS						5.3 STR	EET /	ADDRESS					

14. Thereby 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 13 changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - 2/P

6.1 TITLE

6.2 NAME

DELETE

☐ Addition