PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POZOCOCKSER

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90033 016 ***150.00

1. Corporation Name NATIONWIDE AUTOMOTIVE GROUP, INC.							1					
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Principal Place	of Busines	3S	Mai	ling Address				1 (001)601 111	8 (81) (84)(88)() (98:11 99111 881	151 Milit ia desama suci	IO 81101 1811 1891
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FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312							DO NOT WRITE IN THIS SPACE					
			÷					3. Date Incorpora	ted or Qualife	d		
								12/24/1996				
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number		-	A	pplied For
21			26	26				65-0734679)		N N	lot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certifcate of St	tatus Desired		•	Additional
22			27									Required
City & State	e		— —	City & State				6. Election Camp	-	, _□		May Be
23		Country	28	Zip	Coun			Trust Fund Cor		mont voor		i to rees
Zip		Country	29	Ζip	30	y		8. This corporation Personal Prope		irrent year i	∏ Yes	□No
24	9 Name	ຼ ∠ວ e and Address of C		ared Agent	30			10. Name and Ad		Registere	d Agent	
				•		1 Name	;					
FOE	HR, RICHA	\RD			ļ.	32 Street	t Addres	ss (P.O. Box Numbe	r is Not Accer	table)		
	STATE R					311661	. Addres	SS (F.O. DOX NUMBE	i is Not Accep	nable)		
FOR	T LAUDER	DALE FL 33312			Ī	33						
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11. Pursuant	to the provi	sions of Sections 60	07.0502 and 60	7.1508, Florida Sta	tutes, the abo	ve-named	d corpor	ation submits this st 's board of directors	atement for th	e purpose	of changing it	ts registered registered
oπice or re agent. La	egistered at m familiar w	gent, or both, in the with, and accept the	obligations of,	Section 607.0505, I	Florida Statut	es	poration.	a board of directors	. Thereby doe	opi alo app		-5
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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 free 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 or an attachment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

EQUINCO NG OFFICER OR DIRECTOR

Date

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