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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000012426 (7)

AUTO GALLERY OF ALTAMONTE, INC.

Principal Place of Business Mailing Address

1302 E ALTAMONTE DRIVE 1302 E ALTAMONTE DRIVE ALTAMONTE SPRGS FL 32701 ALTAMONTE SPRGS FL 32701

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1997

6. Election Campaign Financing

Trust Fund Contribution

Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid	the curre	ent year Ir	ntangible
24	25 29 30		30			Personal Property Tax due June 30. Yes No			
	Name and Address of Curren	Registered Agent				Name and Address of New Regis	stered A	gent	
FA	ARAHANI, MOHAMMAD J			81	Name				
1302 E ALTAMONTE DRIVE					Street Add	ress (P.O. Box Number is Not Acceptable			
ALTAMONTE SPRGS FL 32701					01100071001	coo (* 101 Box (tallibo) to (tal / tallibo)	·		
				83					
			}	84	City.			11-7	0-1-
				° *	City		FL	85 Zip	o Code
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	s authorized	yd I	the corporat	oration submits this statement for the puri ion's board of directors. I hereby accept t	oose of o	changing intment a	its registered is registered
SIGNATURE									
10	Signature, typed or printed name of registered ager			Ager	nt signature requi	ed when reinstating)	DATE	0.0000	
12.	OFFICERS AND		13.	1.0		ADDITIONS/CHANGES TO OFFICER		Change	
NAME	יאאון אווערון ט פרון וויערון טייי –						Ĺ	Change	Auguson
	OWNER PROP			ME					ļ
STREET ADDRESS	Jack F. ALIKANNO UK.				ADDRESS				į
CITY-ST-ZIP	ALTAMONTO SPRINGS	DELETE	1.4 CIT		I-ZIP			Change	Addition
NAME			2.1 TIT				L	Change	L_] Addition
	į		2.2 NA						
STREET ADDRESS					ADDRESS				ļ
CITY - ST - ZIP TITLE		DELETE	2. 4 CF		T-ZIP			Change	Addition
NAME		C DEELIE	3.1 M					Change	L. Addition
STREET ADDRESS					ADDRESS				
									ļ
CITY-ST-ZIP TITLE		☐ DELETE	3,4, Cr 4,1 Tr		I-ZIP		—т	Сћалде	Addition
NAME			4. 2 NA				4.	_ change	L Addition
STREET ADDRESS				-	ADDRESS				
CITY-ST-ZIP			4.4 CIT						
TITLE		DELETE	5,1 TITI	_	- 411			Change	Addition
NAME	1	_	5 2 NAI	ME			_		_
STREET ADDRESS					ADDRESS				
CATY-ST-ZIP			5.4 CIT						
TITLE		DELETE	6.1 TITL				[Change	Addition
NAME			6.2 NA	ΛE				,	
STREET ADDRESS			6.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST	- ZiP				1
14. I hereby of indicated officer or	certify that the information supplied wit on this annual report or supplemental director of the corporation or the	n this filing does not qualify actual report is true and ac ver or trustee empowered to	for the exer curate and execute th	npti tha	ion stated in t my signatur eport as requ	Section 119.07(3)(i), Florida Statutes. I fur e shall have the same legal effect as if ma lired by Chapter 607, Florida Statutes; and	her certi ade unde I that my	fy that the er oath; the name ar	e information at I am an opears in

officer or director of the corporation or the reserver 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.

SIGNATURE:

A TMORAMMOD ITEEFA PAHANI

407-260-1401

2E034 (10/97)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable