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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000017740 (6)

DEALS ON WHEELS AUTO SALES INC.

Principal Place of Business

Mailing Address

## FILED Apr 01 1998 8:00am Secretary of State



MANAGENANCKE SOGE XPACKANGENANCKESE XCXXXXVXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		C/O DAVID A. KING. ESO. 1416 KINGSLEY AVENUE ORANGE PARK FL 32073		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/25/1997		
_	lace of Business	2a. Mailing Address		****	4. FEI Number 59-3434524	Applied For
21 6972 Blanding Boulevard Suite, Apt. #, etc.		Suite, Apt #, etc.		59-3434524	Not Applicab	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	sonville, FL	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 32244		7(p	Cour 30	try	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	X Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ad Agent
	IG, DAVID A ESQ.			Name		
1418 KINGSLEY AVENUE ORANGE PARK FL 32073					dress (P.O. Box Number is Not Acceptable)	
			['	33		
			- 1	34 City	F	<b>-</b>
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the Slate m familiar with, and accept the obliga	and 607.1508, Florida Statut of Florida: Such change was a tions of Section 607.0505, Fk	es, the ab authorized orida Statu	ove-named co by the corporates.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	a of changing its registered appointment as registered
SIGNATURE	=					
12,	Signature, typied or printed name of replication tager  OFFICERS AND		13.	Agent signature req	pulred when reinstating DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 1(1)	f T		Change Addition
NAME	WILLIAMS, MARY B		1.2 NA	1E		
STREET ADDRESS	2954 BEAVER STREET		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068			-ST-ZIP		
TITLE	D	☐ DETE16	2.1 TITU	- 1		Change Addition
NAME	WARD, BOB V		2.2 NA			
STREET ADDRESS	5318 JACARANDA AVENUE MIDDLEBURG FL 32068			EET ADORESS		
CITY-ST-ZIP TITLE	D D	DELETE	2. 4 Cit	Y-ST-ZIP		Change Additio
NAME	WARD, LINDA K		3.2 NA	1		
STREET ADDRESS	5316 JACARANDA AVENUE		3.3 STP	EET ADORESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068		3.4. CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL	E		Change Additio
NAME			4 2 NA	ME .		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		DELETE		-ST-ZIP		Change Additio
TITLE NAME		□ DECEIE	5.1 TIFL 5.2 NAM			T custode T vocation
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	6.1 TITU		7 T T T T T T T T T T T T T T T T T T T	Change Additio
NAME			6.2 NAN	IE		
STREET ADDRESS			63 STR	EET ADDRESS		
City-St-ZIP			6.4 CIT	'- ST - ZIP		

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 occurate 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 frustee 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 attachipent with an atidress.

SIGNATURE:

904-772-4005