

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

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022554
1. Corporation Name
745 Auto Brokers Inc

Principal Place of Business
745 Scallop Dr.
Cape Canaveral, FL 32920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2a. Mailing Address
21. Suffix, Apt #, etc
22. City & State
23. Zip
24. Country

3. Date incorporated or Qualified
Sept March 12, 1997
4. FE Number
59-3464315
5. Certificate of Status Desired
6. Election Campaign Financing
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30

9. Name and Address of Current Registered Agent
Robert S. Tampa
745 Scallop Dr.
Cape Canaveral, FL 32920

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0302 and 607.0508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and I shall accept the obligations of Section 607.0508, Florida Statutes.

SIGNATURE: *Robert S. Tampa*

12. OFFICERS AND DIRECTORS

TITLE	Pres	<input type="checkbox"/> DELETE
NAME	Robert S. Tampa	
STREET ADDRESS	745 Scallop Dr.	
CITY-STATE-ZIP	Cape Canaveral, FL 32920	
TITLE	Sec/Treas.	<input type="checkbox"/> DELETE
NAME	Charles McLoocker	
STREET ADDRESS	6002 Turtle Beach Ln.	
CITY-STATE-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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***150.00

14. I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and that I am a director or officer of the corporation or the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report.

SIGNATURE: *Robert S. Tampa* Robert S. Tampa 6/2/98

CFR203A (10/97)