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

PROFIT CORPORATION **ANNUAL REPORT** 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031152 (6)

FIRST LINE AUTO SALES, INC.

FILED Mar 25 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	41 \$1018 M81 1281	
11801 ROBERSON ROAD WINTER GARDEN FL 34787 WEW ADDRESS					DO NOT WRITE IN THIS SPACE			
BIZG BENEUS ST ORLANDO, FL. 3282					3. Date Incorporated or Qualified 04/04/1997			
2. Principal Pl	ace of Business	2a. Mailing Address 26 6126 BEN	2us	5 57	4. FEI Number 59-3482289		Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, e 22					5. Certificate of Status Desired	□ F€	\$8.75 Additional Fee Required	
	ando FL	City & State 28 ORLANDO	ORLANDO, FC.		6. Election Campaign Financing Trust Fund Contribution	DA DA		
^{Ζφ} 328.	27 25 USA	29 32827 30	Country	ISA-	This corporation owes or has pa Personal Property Tax due June Name and Address of New Re	30. Yes	ar Intang ble	
000	9. Name and Address of Current	negistered Agent	81	Name	IV. Name and Address of them the	gistored Agoint		
GROVES, JASON D 11801 ROBERSON ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
WIN	ITER GARDEN FL 34787		83	<u> </u>	-11-1			
			84],		FL 85	Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agant, 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. I am lamiliar with and accept the objection 607.0505, Florida Statutes.								
SIGNATURE 3/20/98								
				jeni signature requ	ADDITIONS/CHANGES TO OFFICE	DATE		
12. TITLE	D OFFICERS AND	DELETE	1.1 TITLE	T	ADDITIONS/OFFANGES TO OFFIC	Chi		
NAME	GROVES, JASON D	C. pricis	1.2 NAME			_		
STREET ADDRESS	44004 DODEDOON DOAD			T ADDRESS]	
CITY-ST-ZIP	WINTER GARDEN FL 34787		1.4 CITY-	1				
TITLE		DELETE	21 TITLE			Cha	ange] Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	·ST-ZIP				
TITLE			3.1 TITLE			☐ Ch	ange [] Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS			İ	
CITY-ST-2IP			3.4. CITY-	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Ch	ange [_] Addition	
NAME			4. 2 NAME	:				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			[
TITLE			5.1 TITLE			☐ Ch	ange [] Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange [] Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY - ST - ZIP			6.4 CITY-	ST-ZIP				

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 ropoil or supplemental annual roport or fue 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 convertion or the recover or trustee probowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or or an attachnoof with encadenss.

407 438 8080