


FILED
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90003 028 ***150.00

09-01-1999 90014 004 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000031980 1. Corporation Name SOUTH FLORIDA BUS SALES, INC.			
Principal Place of Business 1655 91ST COURT VERO BEACH FL 32966 US		Mailing Address 1655 91ST COURT VERO BEACH FL 32966 US	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 04/07/1997			
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 58-2324023	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	29	30
25	29	9. Name and Address of Current Registered Agent LOCKWOOD, DAVID 1655 91ST COURT VERO BEACH FL 32966	
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	
FL			
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 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. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.			
SIGNATURE		DATE 9/9/99	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PD
NAME	SEBAST, MARK J	1.2 NAME	David Lockwood
STREET ADDRESS	11 S CHASE ST	1.3 STREET ADDRESS	1655 91st Ct
CITY-ST-ZIP	JOHNSTOWN NY 12095	1.4 CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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 on an attachment with an address.			
SIGNATURE		DATE 9-9/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
561-564-9355			

CR2E034 (5/99)