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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031986 (7)

EXOTIC CARS WHOLESALE, INC.

**FILED** Apr 07 1998 8:00am Secretary of State



•	ce of Business	Mailing Address	•	1 10011007 110 12011 10011 10111 10111	
7040 W PALMETTO PARK RD #2151 7040 W PALMETTO PARK BOCA RATON FL 33433 BOCA RATON FL 33433					
			133	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/08/1997	
′	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 <b>9 / 8</b> Suite, Apt	NE 204 Ave.	Suite, Apt. #, etc.		65-0744766	Not Applicable
22	w, etc.	27 Suite, Apr. #, otc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	lo _	City & State	1	6. Election Campaign Financing	\$5.00 May Be
13 Ft. 1	Landordale FL	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	aid the current year Intangible
24 <b>339</b>	94 25 USA	29	30	Personal Property Tax due June	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Ro	egistered Agent
	Atter, eric s		81 Name	ichard Whisman	
	99 W PALMETTO PARK RD, SL	JITE 300	82 Street Ad	dress (P.O. Box Number is Not Accepta	
BO	ICA RATON FL 33486		704	a W. RImte Pk A	<u>ا که ۳</u>
			83	• •	
			84 City		85 Zip Code
44 5	10.000		Dose	e Retur	FL     3 <i>11/177</i>
office or i	registered agent, or both, in the Sta	te of Horida. Such change w	atutes, the above-hamed co as authorized by the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its Tegistered pt the appointment as registered
agent. I a	am familiar with accept the obl		, Florida Statutes.		
SIGNATURE	Stonatore yield or printed name of ages not a	ger and title if applicable	NOTE Hegistered Agents Ignature rec	esient	5/3/78
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	Pres.	DELETE	1.1 TITLE		Change Addition
NAME	Kichard Weisman		1.2 NAME		
STREET ADDRESS	7044 W. Palacto PK A	4 WII	1.3 STREET ADDRESS		
CITY-ST-ZIP	Bow Rates, FL 3	H23	1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP			2.4 CITY+ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	ŀ		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELFTE	3 4. CITY-ST-ZIP		
TITLE		L DETERIE	4.1 TITLE		Change Addition
NAME OTROCKY ARROPS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DECETE	4.4 C/TY - ST - Z/P		Change Addition
NAME			5.1 TITLE		ELL Grienge LL Astrillor
			5.2 NAME		
STREET ADDRESS CITY-S1-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		C posquide C vanilla
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.3 STREET AUDRESS		
O111-91-71L			■ 0.4 U((Y · 51 · Z)P   1		

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 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 a facilities of the control of the receiver of 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 a facilities of the control of the receiver of

SIGNATURE: