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

## PROFIT CORPORATION

LORIDA DEPARTMENT OR STATE

1	JAL REPORT  1998		y of State CORPORATIONS	Secretary of State
	MENT # <b>P97(</b> 'S AUTO SALES, INC.	000036500 (1)		
LOID	SHOTO ONLLO, INC.			
Principal Plac 1130 SANFOI SANFORD FL	RO AVENUE	Mailing Addross 1120 Sanford Avenue Sanford FL 32771		DO NOT WRITE IN THIS SPACE
				3. Date froorporated or Qualified 04/22/1997
21	lact of Business	2a. Mailing Address 26		4. FEI Number Applied For S 9 3 4 4 2 4 6 6 Not Applicable
Suite, Apt_		Suite, Apt. #, etc. 27		5. Certificate of Status Desired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>Z</b> ip <b>24</b>	Country 25		Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
୍ଞ୍ୟା କଥା	Name and Address of C	urrent Registered Agent	B1 Name	10. Name and Address of New Registered Agent
1120 BANFORD AVENUE SANFORD FL 32771			62 Street	Address (P.O. Box Number is Not Acceptable)
En Harri			63	3
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subritits 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	Signature typod or printed name of repoler		Registered Agent signatur	o required when reinstated. DATE
12. TITLE	OFFICERS	S AND DIRECTORS  DELETE	13, 1.1 Title	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	§SINGH, LAKHAN P	13	1.2 NAME	J. Stangs
STREET ADDRESS	1120 SANFORD AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771		1.4 OTY-ST-ZIP	
TITLE		DELETE	21 VILE	☐ Change ☐ Addition
NAME	· 3	·	2.2 NAME	4
STREET ADDRESS	<b>1</b> ·		2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME	į Į	L Meters	3.2 NAME	
STREET ADDRESS	#		3.3 STREET ADDRESS	
CITY-ST-ZIP	# **		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME	1		4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	<u> </u>
CITY-ST-ZIP			4.4 CITY-ST-ZIP	i Change The Change of the Cha
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	•		5.2 NAME	
· ·	1		5,3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5/4 CITY-ST-ZIP 6/1 TITLE	Change Addition
NAME	· : 3		6.2 NAME	
STREET ADDRESS	İ		6.3 STREET ADDRESS	500002577415 <b>1</b>
			I	AND THE PARTY OF T

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 report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or true loc 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.

**FILED** 

Jun 30 1998 8:00am