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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000048491 (9) DOCUMENT #

M & P AUTOMOTIVE, INC.

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business 5401 NW 102ND AVE. BAY 109 5401 NW 102ND AVE. BAY 109 SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1997 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square No Country Zip 24 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name RATNER, RYAN S 6100 GLADES ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 204 63 **BOCA RATON FL 33434** 84 City 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 e provisions of decrease over and dozerous described a planta of the purpose of charging its registered corporation submits his statement for the purpose of charging 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, typed or portee name of registered agent and tick if applicable DATE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12, DELETE Change Addition 1.1 TITLE TITLE **ZODA, PAUL G** 1.2 NAME NAME **\$401 NW 102ND AVE, BAY 109** 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE **Jen**kins, Myron L 2.2 NAME NAME **\$401 NW 102ND AVE, BAY 109** STREET ADDRESS 2.3 STREET ADDRESS **SUNRISE FL 33351** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Channe TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE __ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(TY - \$1 - Z(P CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. 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 of 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 the attackment with an address.