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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000053862

1. Corporation Name

Principal Place of Business

AUTO MAX AUTO'S, INC.

1498 S. MCCAL ENGLEWOOD F								
LINOLENCOD	2 0 1220				DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 06/17/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
2, 11110,02,1	26				59-3453767		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.7	5 Additional	
				5. Certificate of Status Desired Fee Rec		Required		
22 27				6. Election Campaign Financing \$5.00 Ma		10 May Bo		
23	28			Trust Fund Contribution Added to F				
Zip	Country	Zip	Country		8. This corporation owes the current year in	tangible		
- ¬ `	25 29 30			Personal Property Tax.			□No	
24	9. Name and Address of Curre	<u> </u>		-	10. Name and Address of New Registered	Agent		
	3. Hailis and Addition of Odiffer		81	Name				
GRE	en, Judith C		82					
1498 S. MCCALL ROAD				Street /	et Address (P.O. Box Number is Not Acceptable)			
	LEWOOD FL 34223		83					
			84	City	FI	85 2	Zip Code	
			ļ			-	its remistered	
office or r	pointered agent or both in the State	of Florida. Such change was auth-	orized by	ine corpo	corporation submits this statement for the purpose o pration's board of directors. I hereby accept the appo	intment a	s registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes				İ	
SIGNATURE								
	Signature, typed or printed name of registered age			t signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	NO DIDEC	TOPS IN 12	
12.			13.	ADDITIONS/CHANGES TO OTT ICERO		☐ Chan		
TITLE	PD			ļ			go 🔲 nadilion	
NAME	GREEN, JUDITH C		1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP			1.4 CITY-S	Γ-ZIP			ge 🔀 Addition	
TITLE	VPD	M DELETE	2.1 TITLE		RUDOLPH L. HARDICK	YPD	ge 🎉 Aouluon	
NAME	Green, Jeffery C		2.2 NAME		PO BOX 320615		1	
STREET ADDRESS	7090 PARNELL TERRACE		2.3 STREET	ADDRESS	COCOA BEACH, FL 32932	0615	<u> </u>	
CITY-ST-ZIP	ENGLEWOOD FL 34224		2.4 CITY-S	T-ZIP	·			
TITLE		☐ DELETE	3.1 TITLE		4	Chan	nge XAddition	
NAME	J		3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			34 CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Char	ige	
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	51 TITLE			Char	nge	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
			5.4 CITY-S	T-ZIP			!	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge Addition	
			6.2 NAME			_	-	
NAME								
OZDEET ADDOESS	{		6.3 STREET	ADDRESS			ĺ	

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

 $\equiv 3$

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90258 006 ***150.00