

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000070568 (5)**  
 1. Corporation Name  
**EASTERN AUTOMOTIVE WAREHOUSE, INC.**



Principal Place of Business <b>2101 WEST COMMERCIAL BLVD                  SUITE 4100                  FORT LAUDERDALE FL 33309</b>	Mailing Address <b>2101 WEST COMMERCIAL BLVD                  SUITE 4100                  FORT LAUDERDALE FL 33309</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>4760 N.W. 165th Street</b>	<b>08/14/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>65-0774984</b>	
22. City & State		27. City & State		5. Certificate of Status Desired	
23		28 <b>Hialeah, FL</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		8. Election Campaign Financing	
24		29 <b>33014</b>		Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30 <b>U.S.A.</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**FORMAN, ROBERT S ESQ**  
**2101 WEST COMMERCIAL BLVD**  
**SUITE 4100**  
**FORT LAUDERDALE FL 33309**

**10. Name and Address of New Registered Agent**

81 Name **Jess W. Levins**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4760 N.W. 165th Street**

83

84 City **Hialeah** **FL** 85 Zip Code **33014**

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 *Jess W. Levins* (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVINS, JESS W</b>	
STREET ADDRESS	<del>2101 WEST COMMERCIAL BLVD, SUITE 4100</del>	
CITY-ST-ZIP	<del>FORT LAUDERDALE FL 33309</del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ATKINS, WILLIAM REED JR</b>	
STREET ADDRESS	<del>2101 WEST COMMERCIAL BLVD, SUITE 4100</del>	
CITY-ST-ZIP	<del>FORT LAUDERDALE FL 33309</del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PACEY, LAURENCE M</b>	
STREET ADDRESS	<del>2101 WEST COMMERCIAL BLVD, SUITE 4100</del>	
CITY-ST-ZIP	<del>FORT LAUDERDALE FL 33309</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4760 N.W. 165th Street</b>
1.4 CITY-ST-ZIP	<b>Hialeah, FL 33014</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4760 N.W. 165th Street</b>
2.4 CITY-ST-ZIP	<b>Hialeah, FL 33014</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>4760 N.W. 165th Street</b>
3.4 CITY-ST-ZIP	<b>Hialeah, FL 33014</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Jess W. Levins* 5/11/98

CRE034 (10/97)