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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072897 (6)

EAST SHORE AUTO INC. Principal Place of Business Mailing Address 15131 TETHERCUFT ST. 15131 TETHERCLIFT ST. DAVIE FL 33331 DAVIE FL 33331 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1997 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent 29 30 24 25 9. Name and Address of Current Registered Agent ROSARIO, MANACES 15131 TETHERCLIFT ST. 82 Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33331** 83 84 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 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE **ROSARIO. MANACES** NAME 1.2 NAME 15131 TETHERCLIFT ST. STREET ADDRESS 1.3 STREET ADDRESS **DAVIE FL 33331** CiTY-ST-ZIP 1.4 CITY-ST-ZIP VD DELETE Addition Change TITLE 2.1 TITLE ROSARIO, JOE NAME 2.2 NAME 15131 TETHERCLIFT ST. 2.3 STREET ADDRESS STREET ADDRESS **DAVIE FL 33331** CITY-ST-7IP 2 4 CHY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE 5.2 NAME STREET ADDRESS 5.3 STRFET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby cortify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplienced 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:

Monace Russin

18/12 aryor-3/8/

FILED

May 19 1998 8:00am

Secretary of State