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

PROFIT CORPORATION ANNUAL REPORT

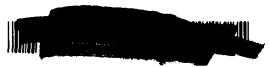


FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P970000 77324 Auto & Truck sales, Service, used

FILED May 07 1998 8:00am Secretary of State



1					•		•	
					DO NOT WRITE IN THIS	CDACE		
					3. Date Incorporated or Qualified	SFACE		
					3, Date incorporated of Gualines		Ì	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	77	Applied For	
21 731	North Dixie Hylway	26			65-0778789		Not Applicable	
Suite, Apt.	. #, etc. Suite, Apt. #, etc.						5 Additional	
22 1 27					5. Certificate of Status Desired		Required	
City & State City & State					8. Election Campaign Financing \$5.00 May Be			
23 Like Worlh, TL 28					Trust Fund Contribution Added to Fees			
Zip	Country Zip Country			У	8. This corporation owes or has paid the current year Intangible			
24 33460 25 USA 29 30				Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
KNAVIIZ DRUCE I					81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)				
HU	IYAL PALM BEACH FL 33411		83					
			00	'			1	
			84	City		85 Z	ip Code	
44 Duzeuant	to the provinces of Sections 607 0502	and 607 1508 Florida Stat	uton the abov	io opmod (consideration submits this statement for the purpose a	f changin	a ita cogiatara d	
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	Signature, typed or printed name of registered agent is	and title if accircable /N	OTE Projetered to	and experience	required when ramatating) DATE		[
12,	OFFICERS AND I		13.	erit eigristüre i	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE		DELETE	1.1 TITLE			Chang		
NAME			1.2 NAME	[Kellie Mewat			
STREET ADDRESS			1.3 STREE	T ADDRESS	731 N. DIXIC HILWAY			
CITY-ST-ZIP			1.4 C/(Y-	ST-ZIP	Kellie MewinA 731 N. Dixie Hillway Like Woll, FL 33460		ĺ	
TITLE		DELETE	2.1 TITLE	·		Chang	e Addition	
NAME			2.2 NAME		<u>.</u>		ļ	
STREET ADDRESS			2.3 STREE	T ADDRESS	•		i	
CITY-ST-ZIP			2, 4 CITY-	ST-ZIP				
TITLE			3.1 TITLE			Chang	e	
NAME			3.2 NAME	Ī			Ì	
STREET ADDRESS			3.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			J	
TITLE		DELETE	4.1 TITLE			Chang	8 Addition	
NAME			4. 2 NAME				ĺ	
STREET ADDRESS			4.3 STREE	T ADDRESS			ľ	
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETÉ	5.1 TITLE	-		Chang	e Addition	
NAME			5.2 NAME	ĺ				
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY -				702/1	
TITLE		DELETE	6.1 TITLE			Chang	e Addition	
NAME			6.2 NAME	1	10000252073 -05/12/980107603	31 '		
STREET ADDRESS			6.3 STREE	T ADDRESS	-05/12/980107603	2	ļ	
CITY-ST-ZIP			6.4 CITY-	1	***150 . 00		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 certify 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.