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

PROFIT
CORPORATION
ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077484 (8)

CAR PLAZA OF BROWARD BLVD., INC. Principal Place of Business Mailing Address 8360 WEST OAKLAND PARK BLVD. 8360 WEST OAKLAND PARK BLVD. SUITE 201 SUITE 201 SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1997 Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 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 23 28 Trust Fund Contribution Added to Fees Zip $Z_{\rm PD}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MREJEN, ARIE P.A. 701 W. CYPRESS CREEK ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 302 83 FORT LAUDERDALE FL 33309 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 DITCE Change Addition KADOCH, DAVID NAME 1.2 NAME 8360 WEST OAKLAND PARK BLVD. STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 27 DELETE 2.1 TITLE Change Addition 2008 TIRALE BINA NAME 2.2 NAME STE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 1 MICIN, FL 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ___ Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY - S1 - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME Djeracci, Cildeon 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS P106 Su CITY-ST-ZIP 161757111 4.4 CITY - ST - ZIP

4. 1 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 13 if changed, or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

MONISTING.

DELETE

DELETE

CR2E034 (10/97)

Change

Change

Addition

Addition

FILED

May 06 1998 8:00am

Secretary of State