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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra S. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085789 (0)

1. Corporation Name
A-1 AUTO BROKERAGE, INC.

Principal Place of Business
1125 SW MARTIN DOWNS BLVD
PALM CITY FL

Mailing Address
1125 SW MARTIN DOWNS BLVD
PALM CITY FL



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1997

4. FEI Number
650795555

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3307 So. US1

22 FT. PIERCE, FLA.

23 City & State

24 34982

25 ST. LUCIE

2a. Mailing Address

26 300 S.W. BEACHWAY

27 Suite, Apt. #, etc.

28 PALM CITY, FLA

29 34990

30 MARTIN

10. Name and Address of New Registered Agent

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83 300 S.W. BEACHWAY AVE.

84 PALM CITY FL 34990

9. Name and Address of Current Registered Agent
CLEMENTS, HUBERT H
1125 SW MARTIN DOWNS BLVD
PALM CITY FL
300 S.W. BEACHWAY AVE
PALM CITY, FL 34990

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PRESIDENT
NAME CLEMENTS, HUBERT H
STREET ADDRESS 300 SW BEACHWAY AVENUE
CITY-ST-ZIP PALM CITY FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. PRES.
1.2 NAME CHERL LYNN CLEMENTS
1.3 STREET ADDRESS 300 S.W. BEACHWAY AVE.
1.4 CITY-ST-ZIP PALM CITY, FL 34990

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Hubert H. Clements
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-98 (561) 595-5556
Date
Telephone # 0490281

CR2E034 (10/97)