


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90041 006 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000012658</b>					
1. Corporation Name <b>A PLUS AUTO SALES, INC.</b>					
Principal Place of Business <b>2629 MERCER AVENUE</b> <b>WEST PALM BEACH FL 33401</b>			Mailing Address <b>2629 MERCER AVENUE</b> <b>WEST PALM BEACH FL 33401</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>			2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		
3. Date incorporated or Qualified <b>02/06/1998</b>			4. FEI Number <b>65-0808135</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent <b>CASO, NICHOLAS J</b> <b>2629 MERCER AVENUE</b> <b>WEST PALM BEACH FL 33401</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
PRESIDENT NICHOLAS J. CASO 2629 MERCER AVENUE W.P.B. FL 33401					
TRESURER DENISE CASO 2629 MERCER AVENUE W.P.B. FL 33401					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

655-6306

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