. ITLE	NOW: FILING	FEE AF	MAY 1ST IS	\$550.00	
<b>♥</b> COR	ROFITY ** RPORATION JAL REPORT		FLORIDA DEPAR'  Katherin  Secretary	e <sub>c</sub> Hätris	FILED
· ·			Secretary DIVISION OF CO		FILED
	1999	2. 100 MF 250			99 MAR 24 PM 1: 27
	MENT # PO	8000016	476		
1. Corporation	AN'S AUTO SAL				SUGNLARY OF STATE
DUD a l	MAN'S MUIU SAL	ES, INC.			TALLAHASSEE, FLORIDA
Principal Place	e of Business	Maili	ng Address		a deningst iem enint tonit 1881 in Anni Anni Anni Anni Anni Anni Anni
15926 U.S. HIGHWAY 19			U.S. HIGHWAY 19		
HUDSON FL 34667		HUUS	SON FL 34667		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 02/19/1998
2. Principal P	lace of Business	2a. 6	2a. Mailing ∆ddress		4. FEI Number 211065 50 Applied For
21	# ala		Scale, Apl #, etc		59 - 349555 Not Applicable
Suite, Apt	#, etc.	} ~~;	Stine, Apt #, etc.		5. Certificate of Status Desired [1] \$8.75 Additional Fee Required
City & Stat	e	address that the second	Sty & State		6. Election Campaign Filtericing 1.1 \$5.00 May Be
23	Countr	[2a]	all "	Country	Trust Fund Contribution Added to Fees
Zip 24	Zounir [25]	y	jb [3	Colling	8. This corporation owes the current year Intangible Personal Property Tax.
		ess of Current Registe			10. Name and Address of New Registered Agent
DI KO	KE, VANDA L			B1 Name	
	KE, VAINDA L 26 U.S. HIGHWAY 19	1		82 Street Addre	ess (P.O. Brix Number is Not Acceptable)
	SON FL 34667	•		B3	3000028259932 -04/01/9901036005
				-	******61.25 - *****61.25
				84 City	FL 85 Zip Children
office or r	to the provisions of Sec egistered agent, or both m familiar with, and acc	. in the State of Florida	Such change was au	horized by the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I bereby accept the appointment as registered.
SIGNATURE		,			
12.		of registered agent and title if a DFFICERS AND DIREC		Projected Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	THOEKS AND DINEC	[] DELETE	11 TITLE	[] Change [] Addition
NAME	BURKE, VANDA L			1.2 NAME	
STREET APORESS	12427 SHADOWRI		_	13 STREET ADORESS	
CITY-ST-ZIP	HUDSON FL 34669	)	nerere	14 City-St-ZiP	[] Change [] Addtton
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STREET ADDRESS	15926 U.S. HIGHW			23 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667		. <del> </del>	2 4 CITY-ST-ZIP	
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NAME PROFES ADDRESS	}			32 NAME 33 STREET ADDRESS	
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NAME				4 2 NAME	
STREET ADDRESS				43 STREET ADDRESS	
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TITLE NAME	{		(.) DUELE	5.1 TITLE 5.2 NAME	[   Change   [ ] Addition
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CITY-ST-ZIP	l			54 CITY-ST-ZIP	
TITLE			[.] DELETE	6 1 TULE	Change (1) Addin
NAME	Į			6.2 NAME	~ <u> </u>
STREET ADDRESS	i			63 STREET ADDRESS	したし

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes | 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:

SIGNATURE STATUS OF PROVIDED TO STATUS OF