

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000021621**

1. Corporation Name

AUTOMOTIVE FUNDING ASSOCIATES, INC.

Principal Place of Business

**10448 ATLANTIC BLVD
CORAL SPRINGS FL 33071**

Mailing Address

**10448 ATLANTIC BLVD
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1998

4. FEI Number

650818651

Applied For

Not Applicable

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 the current year
Intangible Personal Property:

☐

Yes

☐

No

2. Principal Place of Business

10420 W. ATLANTIC BLVD

2a. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

BROWARD

Zip

33071

County

BROWARD

Zip

33071

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAMA, FERNANDO G
10448 ATLANTIC BLVD
CORAL SPRINGS FL 33071**

81 Name

SAME

82 Street Address (P.O. Box Numbers Not Acceptable)

10420 W. ATLANTIC BLVD

83

84 City

CORAL SPRINGS

FL

85

33071

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SAMA, FERNANDO G**
STREET ADDRESS **2613 OAKBROOK DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33332**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **KNIGHT, TEOFILO A**
STREET ADDRESS **19140 NW 78TH AVE**
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **D** ☐ DELETE
NAME **MOSCHELLA, SAMUEL R**
STREET ADDRESS **7372 PINEWALK DR S**
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE **D** ☒ DELETE
NAME **DEL REY, OSCAR**
STREET ADDRESS **4751 NW 68TH AVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SAMUEL R MOSCHELLA

8/15/99 (954) 752-0015

CR2E034 (5/99)