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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000024947

1, Corporation Name

NATIONWIDE-AUTO-INC

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90122 042 ***150.00

Today (to		` `			
Principal Place of Business	Mailing Address				(81) 61616 18111 B1831 (85) (88)
1951 NORTH POWERLINE ROAD 1951 NORTH POWERLINE ROAD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069				OO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed 03/17/1998	
2. Principal Place of Business 21 2300 - B N.W. 48 th ST.	2a. Mailing Address 26 2300 - B NW 48	g#h	ST.	4. FEI Number 65-0825499	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 23 POMPANO FLORIDA	City & State	ho	RIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33073 25		untry		This corporation owes the current year Inta Personal Property Tax.	☐ Yes ☐ No
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Bashawaty, Robert		81	Name	14,5 .	
1951 NORTH POWERLINE ROAD POMPANO BEACH FL 33069		82	33		
		83			
		84	City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	bove	-named corp	oration 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) OATE								
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	BASHAWATY, ROBERT	1.2 NAME						
STREET ADDRESS	1951 NORTH POWERLINE ROAD	1.3 STREET ADDRESS	न १ (१३) वर्ग भाग है।					
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP						
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS	•					
CITY-ST-ZIP		2. 4 CITY-ST-ZIP						
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS	•	3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4. 2 NAMÉ						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	□ DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME.		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		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 chapter or trustee empowered, with all other like empowered.

SIGNATURE: