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 # P98000026902

1. Corporation Name

A. & M. AUTO SALES, INC.

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90025 038 ***158.75



Principal Pl	ace of Business	Mailing Address			I SOME FINE TO THE COLOR DESIGN BOOKEN DO	ini Baki Bela		1014E 1101 1801
4712 S. DAWNMEADOW CT. PLANT CITY FL 33567 4712 S. DAWNMEADOW CT. PLANT CITY FL 33567					DO NOT WRI	TE IN THIS	SPACE	
i					3. Date Incorporated or Qualifed	IL III II III	OI NOL	$\overline{}$
					03/23/1998			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Apr	lied For
21 140			-				Not	Applicable
Suite, A	pt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	×	\$8.75 A	1
22		27				/		'
City & S 23 DOVE	State City & State PR H. 7 28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 t Added to	
Zip 33	Country, Zip Co 33527 [25] Hills Bollan (kg) [30]			unitry 8. This corporation owes the current year Intan Personal Property Tax.			X No	
 	9Name and Address of Current		1		10. Name and Address of New F	Registered		
i	7	<u> </u>	81	Name	and the second		2 1 70 1 1 W L	- ,
	PEREZ, MILTON E 4712 S. DAWNMEADOW CT. PLANT CITY FL 33567			Street Add	dress (P.O. Box Number is Not Acceptable)			
	3 (11 O) 1 1 2 0000.		83					
			84	City		FL	85 Zip C	ode
44 Pursua	ant to the provisions of Sections 607.0502	2 and 607,1508. Florida Statutes.	the above	e-named corr	poration submits this statement for the	purpose of	changing its	registered
office o	or registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was autho	orized by	the corporati	on's board of directors. I hereby accept	ot the appoi	ntment as reg	istered
agent.	i am familiar with, and accept the obligati	ions or, Section 607.0505, Florida	Statutes	•	•			
SIGNATUR	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Rec	aistered Agen	it signature require	ed when reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			. ,	☐ Change	☐ Addition
NAME	PEREZ, MILTON E		1.2 NAME					
STREET ADDRE	1740 C DAMBINEADOW OF		1.3 STREET	ADDRESS				i
CITY-ST-ZIP	PLANT CITY FL 33567		1.4 CITY-ST	T-ZIP				
TITLE	STD	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	PEREZ, ANA E		2.2 NAME	}				
STREET ADDRE	ATTACA DAMABATADOM OT	•	2.3 STREET	T ADDRESS				i
CITY-ST-ZIP.	PLANT CITY FL 33567		2. 4 CITY-S	ST-ZIP				
TITLE	VD	DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	LOPEZ, GUSTANO	, .	3.2 NAME		•			
STREET ADDRE	The same of the state of the same of		l					
CITY-ST-ZIP,		ير بالمستسمين الماث	3.3 STREET	ADDRESS				
	PLANT-CITY FL 33567	ير عامستري ت		-				
TITLE	PLANT-CITY FL 33567	QOELETE	3.4. CITY-S 4.1 TITLE	-	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
	VD A	DOELETE	3.4. CITY-S	-			Change	Addition
TITLE	VD LOPEZ, EQUARDOJ	DOELETE	3.4, CITY-S 4.1 TITLE 4. 2 NAME	-	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME STREET ADDRE	LOPEZ, EDUARDO J. 4712 S. DANDIMEADOW CT.	COELETE	3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET	T-ZIP .			☐ Change	☐ Addition
TITLE NAME	LOPEZ, EDUARDO J 4712 S. DAYNMEADOW CT. PLANT-CITY FL 33567	•	3.4, CITY-S 4.1 TITLE 4. 2 NAME	T-ZIP .			Change	☐ Addition
NAME STREET ADDRE CITY-ST-ZIP	LOPEZ, EDUARDO J 4712 S. DAWNMEADOW CT. PLANT-CITY FL 33567	Ø DELETE	3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S	T-ZIP .			,	
NAME STREET ADORE CITY-ST-ZIP TITLE NAME	LOPEZ, EDUARDO J 4712 S. DAWNMEADOW CT. PLANT-CITY FL 33567	•	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	T-ZIP .			,	
NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE	VD LOPEZ, EDUARDO J 4712 S. DAWNMEADOW CT. PLANT-CITY FL 33567 VD LOPEZ, JAMERIU LOPEZ, JAMERIU 4712 S. DAWNMEADOW CT.	•	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS			,	
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP