PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000030361

AUTOMOTIVE WAREHOUSE, INC.

Principal Place of Business

Mailing Address

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90075 014 ***150.00



1314 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
				•	04/02/1998		}	
2. Principal Place of Business 21 13/2 N. PEDERAL HWY 26 13/2 N. PEDE				HWV.	4. FEI Number	\vdash	Applied For Not Applicable	
	Suite, Apt. #, etc. 27			<u> </u>	5. Certifcate of Status Desired	\$8.75	5 Additional Required	
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country Zip Country 33020 30 U.5.4				8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
	9. Name and Address of Current I	Registered Agent	- 04		10. Name and Address of New Registered	Agent		
SCHI	WARTZ, JAY D		61	81 Name				
19495 BISCAYNE BLVD. STE. 609 AVENTURA FL 33180				Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
VAEL	110184 1 2 03 100		83	}				
			84	City	FL	- 1 .	ip Code	
office or re agent, I ar SIGNATURE	egistered agent, or both, in the State of in familiar with, and accept the obligatio	Florida, Such change was auth ns of, Section 607.0505, Florida	orized by Statutes	the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appointment of the purpose of th		registered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				it signature require	ADDITIONS/CHANGES TO OFFICERS AN	ND DIREC	TORS IN 12	
TITLE			1.1 TITLE			Chang	ge Addition	
NAME	5 4 6 1 (1) 1 6 TH 1 6 TH		12 NAME				,	
STREET ADDRESS	ANA MODEL PEDEDAL LICURIAN			T ADDRESS			ĺ	
CITY-ST-ZIP	HOLLYWOOD FL 33020			T-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Chang	ge	
NAME			2.2 NAME		•			
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE			3.1 TITLE			Chang	ge *	
NAME			3.2 NAME		الأسمرة ومسروهها والأساس			
STREET ADDRESS				TADDRESS		-		
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	51-219		Chang	ge	
TITLE NAME	•		4. 2 NAME				. —	
STREET ADDRESS	*			T ADDRESS			ļ	
CITY-ST-ZIP			4.4 CITY-5					
TITLE		☐ DELETE	5.1 TITLE			Chang	ge Addition	
NAME			5.2 NAME				ļ	
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY- S	T-ZIP				
TITLE	-	☐ DELETE	6.1 TITLE		·	Chang	ge	
NAME			6.2 NAME					
STREET ADDRESS				TADORESS			•	
CITY-ST-ZIP			6.4 CITY-S	T-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 am oddress, with all other like empowered.

SIGNATURE: