## 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 # P98000036448

PRIVATE SALE MOTOR COMPANY

Principal Place of Business

Mailing Address

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90288 004 \*\*\*150.00



5100 N.W. 15TH STREET 5100 N.W. 15TH STREET MARGATE FL MARGATE FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/22/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0835933 Not Applicable 1750 26 BTATE RD 1750 S STATE RD \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees NORTH LAYDERDALE NORTH LAUDERDAL Country 8. This corporation owes the current year Intangible Zip 3306P 30 USA Personal Property Tax. 24 33068 45 A 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 <u>SEA</u>N PATTERSON PATTERSON, SEAN Street Address (P.O. Box Number is Not Acceptable) 5100 N.W. 15TH STREET STATE RD MARGATE FL 83 Zip Code 33068 85 LAUDERDALD NORTH 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 607.0506, Florida Statutes. totler PATTERS O J 生・ルクタ SEAN Signature, typed o ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change 1.1 TITLE TITLE PATTERSON, SEAN 12 NAME NAME 1750 SSTATE RD7 5100 N.W. 15TH STREET 1.3 STREET ADDRESS STREET ADDRESS NORTH LAYOURDALE FI 33068 MARGATE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 51 DD F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY+ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE

Daytime Phone #

(11/98)CR2E034 =::

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