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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90097 050 ***150.00

1999

DOCUMENT # **P98000057826**1. Corporation Name

MEMBER'S AUTO SALES & LEASING, INC.

Principal Place of Business 9209 POST RD. Mailing Address

9209 POST RD. ODESSA FL 33556 9209 POST RD. ODESSA FL 33556



ODCOUNTE CO.	330	05205 12 00000			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					06/29/1998
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21 4102	N. FLORIDA AVE.	26 4102 N. FLUK	NAIS	AUE.	. 65-0850084 Not Applicable
Suite, Apt.	#, etc.	3. Date Incorporated or Qualifed 06/29/1998 2a. Mailing Address 4. FEI Number 6. Set Number 6. Suite, Apt. #, etc. 7. City & State 7. City & State 7. Country 8. This corporation west the current y 7. Personal Property Tax. 8. Name 8. Name 8. Street Address of New Registered Agent Signature required when reinstating) 2a. Mailing Address 8. FEI Number 6. Election Campaign Financing 7. Trust Fund Contribution 8. This corporation west the current y 7. Personal Property Tax. 9. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Address of New Registered Agent Signature required when reinstating)		5 Cortifon o of Status Desired	
22		27			Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
Z3 TAM	DA FL.	28 TDA FL			Trust Fund Contribution Added to Fees
Zip /	Country				This corporation owes the current year Intangible
3360	3 25 USA	29 33603 30	I US	A	1 discinit i roporty i dici
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
	THE TIMES		81	Name	
	TINO, THOMAS	82 Street Ad		Street Ad	Ad Iress (P.O. Box Number is Not Acceptable)
	? N. FLORIDA AVE.				
TAM	PA FL 33602		3. Date Int orporated or Qualified 06/29/1998 4. FEIL Nur ber 6. FLOUR IDA AUE. Suite, Apt. #. etc. 5. Certifica e of Status Desired St.75 Ad stitional Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 7 Trust Flund Contribution were the current year Intangible Personal Property Tax. yes No 18. Name and Address of New Registered Agent 81 Name 82. Street Ad fress (P.O. Box Number is Not Acceptable) 83. B4 City FL 85 Zip Code 1607. 1508. Florida Statu es. the above-named co poration submits this statement for the purpose of changing its registered orida. Such change was authorized by the corporation's board of directors. I hereby accept the app intiment as registered orida. Such change was authorized by the corporation's board of directors. I hereby accept the app intiment as registered or Section 607.0506, Fit ride Statues. 16. Election Campaign Financing \$5.00 May Be Address of New Registered! Agent 19. Name and Address of New Registered! Agent 10. Name and Address of New Registered! Agent 10. Name and Address of New Registered! Agent 10. Street Address (P.O. Box Number is Not Acceptable) 18. ADDITIC INSICHANGES TO OFFICERS, IND DIRECTOR'S IN 12 19. Title 10. DELETE 10. Title 10. Change Address Addre		
			-	-	ies Zin Code
			84	City	FL 83 21 OALE
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu es,	the above	e-named co	co poration submits this statement for the purpose of changing its registered
office or o	egistered agent, or both, in the State of	≟Florida. Such change was auth	iorized by	tne corpore	ration's board of directors. I hereby accept the appointment as registered
agent. a	m familiar with, and accept the obligation	ons or, Section 607.0305, Fittings	a Statutes		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	aistered Ager	nt signature regu	aguired when reinstating) DATE
12.					<u></u>
TITLE	D				☐ Change ☐ Addit
NAME	TRAFFICANTE, DINO J		1.2 NAME		
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	l .			T 710	

14. I here by certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliental annual report is true and occurate and that my signature shall have the same legal effect as if made ander oath; that I am an office or director of the corporation or the receiver or trustee empowered to execute this export 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 the empowered

SIGNATURE:

SIGNATURE AND TYPED OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

(813) 234-1138

CR2E034 (11/98)