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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90106 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000066621

1. Corporation Name
 DEPOT AUTO BROKERS, INC.

Principal Place of Business
 1150 E HALLANDALE BEACH BLVD. SUITE A
 HALLANDALE FL 33009

Mailing Address
 1150 E HALLANDALE BEACH BLVD. SUITE A
 HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 2617 S. PARK ROAD

2a. Mailing Address
 26 403 MALLARD ROAD

3. Date Incorporated or Qualified
 07/29/1998

4. FEI Number
 65-0857025

22 Suite, Apt. #, etc.

27 WESTON

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
 PEMBROKE PARK, FL

28 FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33009 25 Country USA

29 Zip 33327 30 Country USA

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 OSHINSKY, LEONARD
 1150 E HALLANDALE BEACH BLVD, SUITE A
 HALLANDALE FL 33009

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 1-23-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHEMO, SIMON	
STREET ADDRESS	403 MALLARD RD	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARAZANI, HAIM	
STREET ADDRESS	12626 NW 11TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHEMO, SHARON	
STREET ADDRESS	3301 EMERALD POINT DR, APT 303A	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP, Treas. + Sect.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carole CHEMO	
1.3 STREET ADDRESS	403 MALLARD ROAD	
1.4 CITY-ST-ZIP	WESTON, FL 33327	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 1-23-99 DAYTIME PHONE # 954-249-1778
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)