## May 10, 1999 8:00 am Secretary of State 05-10-1999 90007 001 \*\*\*150.00

## **PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000072835

	AY AUTO SALES, INC.	Maritan Add								
Principel Place of Business Mailing Address 8109 E. BAY BLVDSTE.B 8109 E. BAY BLVDSTE.B										
NAVARRE FL 32566 NAVARRE FL 32566										
1						DO NOT WRITE IN THIS	SPAC	£		_
)						3. Date incorporated or Qualifed 08/18/1998				1
2. Principal F	Place of Business	2a. Mailing Address	<del></del>			4. FEI Number	$\neg \neg$	Apr	lied For	1
21	26					159-352-9/70		Not	Applicable	1
Suite, Apt.	. #, etc.	Sulte, Apt. #, etc.				5. Certificate of Status Desired	\$8	.75 A	dditional	1
22		27			<b></b>	5. Certicate of Status Desired	F	ee Rec	juired	] -
City & Stat	te	City & State				6. Election Campaign Financing	\$:	5.00 A	vlay Be	ı
23		28				Trust Fund Contribution	A	dded to	Fees	1
Zip	Country	Zip		untry		8. This corporation owes the current year in			_	
24	25	29	30			Personal Property Tax.	[XYe		□No	1
	9. Name and Address of Curre	nt Registered Agent		ļ.,		10. Name and Address of New Registered	Agent	——		ł
HED!	ZOG. DOUGLAS			81	Name					
ARAC	SANDPIPER DR. SANDP	LAIC DD		82	Street Addres	ss (P.O. Box Number is Not Acceptable)				1
NAV	ARRE FL 32566	IND DK.								1
147.47	AU E 1 E 02000			83						1
				84	City		85	Zip Co	ode	ĺ
•				1-3-7		FL	<u> </u>			
11. Pursuant office or r agent, I a	to the provisions of Sections 607.050 registered agent, or both, in the State on familiar with, and accept the obligation of the college registers in the college registers are sections of the college registe	)2 and 607.1508, Florida Sta of Florida. Such change wa ations of, Section 607.0505,	itutes, the a is authorized Florida Stat	d by tutes.	rnamed corpor the corporation	ation submits this statement for the purpose of 's board of directors. I hereby accept the appo	cnengi intment	ng its n as regi	egistered Istered	
SIGNATURE			nvr. n		f signature required v	phen rejectation) DATE				}
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	a Agent	r aignature required v	ADDITIONS/CHANGES TO OFFICERS A	אם מא	FCTOF	S IN 12	1 3
TITLE	I PST	□ OELETE		n E			□ Ch		Addition	( ;
NAME	HERZOG, DOUGLAS			AME:	1		_	•	_	];
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CITY-ST-ZIP	NAVARRE FL 32566			TY-ST					j	13
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AMU 47 700		☐ DELETE	2.2 N 2.3 81	AME TREET	ADORESS		□ Ch	ange		
CITY-ST-ZIP		☐ DELETE	2.2 N 2.3 81	AME IREET	1		□ Ch		☐ Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in JSection 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 chapted, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**