


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

05-10-1999 90137 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000074881

1. Corporation Name
BRADENTON CAR MART, INC.

Principal Place of Business
1426 9TH STREET WEST
BRADENTON FL 34205

Mailing Address
1426 9TH STREET WEST
BRADENTON FL 34205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/27/1998	
4. FEI Number 165-0860424		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Trust Fund Contribution		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FUCHS, LAWRENCE M 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411			10. Name and Address of New Registered Agent 81 Name MICHAEL P. DEVANE 82 Street Address (P.O. Box Number is Not Acceptable) 1426 9TH STREET WEST 83 BRADENTON 84 City FL 85 Zip Code 34205		

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

Michael Devane
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DTP <input checked="" type="checkbox"/> DELETE NAME WILLIAMS, PAUL R STREET ADDRESS 1740 SWEETLAND ST. CITY-ST-ZIP NOKOMIS FL 34275	1.1 TITLE DPVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MICHAEL P. DEVANE 1.3 STREET ADDRESS 1426 9TH STREET WEST 1.4 CITY-ST-ZIP BRADENTON FL 34205	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
TITLE DEVANE, MICHAEL <input type="checkbox"/> DELETE NAME DEVANE, MICHAEL STREET ADDRESS 1740 SWEETLAND ST. CITY-ST-ZIP NOKOMIS FL 34275	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
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 9.2 NAME 9.3 STREET ADDRESS 9.4 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:

Michael Devane
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

941-749-5783
Daytime Phone #

CR2E034 (1/188)