PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082979

DISCOUNT AUTO ENTERPRISES OF BROWARD COUNTY INC

Mailing Address Principal Place of Business 4600 S. STATE RD. 7 4800 S. STATE RD. 7 FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/24/1998 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing City & State City & State -\$5.00 May Be Trust Fund Contribution Added to Fee 28 23 Country This corporation owes the current year intangible Country Zio Yes Personal Property Tax. 30 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 CADY, RICH Street Address (P.O. Box Number is Not Acceptable) 2905 S.W. 52ND AVE. FT. LAUDERDALE FL 33314 83 84 85 Zip Code City 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 hareby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 ☐ Change DELETE DP 1.1 TITLE TITLE 1.2 NAME CADY, RICH NAME 2905 S.W. 52ND AVE. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33314 1.4 CITY-\$T-ZIP CITY-ST-ZIP ☐ Addition 21 TITLE ☐ Change TITLE D٧ 2.2 NAME SCHLIESSMAN, KENNETH NAME 3170 S.W. 53RD AVE. 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDÄLE FL 33314 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition OFLETE 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition DELETE TITLE NAME

6.3 STREET ADDRESS

SIGNATURE:

OFFICER OF DIRECTOR

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 ampowered 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 affectment with a address, with all other like empowered.

FILED

Secretary of State

03-06-1999 90002 032 ***150.00

Mar 06, 1999 8:00 am