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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta of State

Mailing Address

DIVISION OF CORPORATIONS

DOCUMENT # P98000085854

Principal Place of Business

AUTO MAX LEASING, INC.

2075 N. WICKHAM ROAD MELBOURNE FL 32935 MELBOURNE FL 32935 MELBOURNE FL 32935						DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 10/05/1998	HIS SPACE	
2. Principal Pl	ace of Business	2a. Mailing Address			-	4. FEI Number		plied For
21		26				<i>59-35365</i> 59		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State)	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Coun			8. This corporation owes the current year		_
24	25	29 3	30			Personal Property Tax.		□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agent	
HELDRETH, JOHN MARSHALL				81 Name				
				2	Street Addres	Address (P.O. Box Number is Not Acceptable)		
2075 N. WICKHAM ROAD			ļ	\perp				
MELBOURNE FL 32935			8	3				Ì
·			8	4	City	F	85 Zip C	Code
CO. 45 COT 0500 and COT 4500 Florida Statutes, the above pared correction submits this statement for the number of changing its remisters								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.								gistered
SIGNATURE (ADDE-Registered Aged simplified when (einstalling)								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				jent s	signature required v	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OTTICERS	☐ Change	Addition
TITLE	_		1.1 TITLE					-
NAME	TILLDITE ITT, COLITY INVESTIGATION			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	COOC ME ITT EOG DITE				1			
CITY-ST-ZIP			1.4 CITY-		ZIP		☐ Change	Addition
TITLE			2.1 TITLE				onango	
NAME	TIELDRETT, OMITERIAL E		2.2 NAME					
STREET ADDRESS	4500 Marin Co 5 2 Mil		2.3 STRE		ļ			
CITY-ST-ZIP	MELBOURNE FL 32934 2.40				ZIP		☐ Change	Addition
TITLE			3.1 TITLE				☐ Criange	
NAME			3.2 NAMI		1			}
STREET ADDRESS			3.3 STRE	ETA	DDRESS			
CITY-ST-ZIP			3.4. CITY		ZIP			☐ Addition
TITLE	_		4.1 TITLE				Change	☐ Addigon
NAME			4, 2 NAM					
STREET ADDRESS			4.3 STRE	ETA	NODRESS			
CITY-ST-ZIP			4.4 CITY		ZIP			
			5.1 TITLE		1		☐ Change	Addition
NAME			5.2 NAMI	E	I			

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 carporation of 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

407-255-9000

Change

Addition

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90078 033 ***150.00