**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000091114 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

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5970 SW 18TH ST., E-1, SUITE 314

BOCA RATON FL 33433

AM-CAN MOTOR CARS, INC.

Principal Place of Business 5970 SW 187H ST., E-1, SUITE 314 **BOCA RATON FL 33433** 

Principa Place of Business

**ERLICK, SAUL** 

Suite, Apt. #, etc.

City & S:ate

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22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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27

28

29

5970 SW 18TH ST., E-1, SUITE 314

**BOCA RATON FL 33433** 

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90294 024 \*\*\*158.75



DO NOT WRITE IN THIS SPACE 3. Date ir corporated or Qualifed 10/26/1998 4. FEI Number Apriled For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year intangible

1400 ☐ Yes Persor at Property Tax. 10. Name and Address of New Registered Agent 81 D. CHARO Street Acdress (P.O. Box Number 82 83 3300L 84 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 hereby accept the approintment as registered agent. I am familiar with and a registered agent. I am familiar with and a registered agent. I am familiar with and a registered agent. I am familiar with a position of Section 207.0505, Florida Statutes.

Country

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21 SIGNATURE p od na de de que par and title applica stered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. PRESIDENT - DIK OSTD DELETE 1.1 TITLE TITLE KEVOR GRADIOGE ERLICK, SAUL 12 NAME NAME SPRINBS CORAL 5970 SW 18TH ST., E-1, SUITE 314 1.3 STREET ADDRESS STREET ADORESS 3001963 33065 **BOCA RATON FL 33433** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 3331( 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 attact ment with an address, with all other like empowered.

SIGNATURE:

(11/98)**CR2E034**