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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris

Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90183 011 ***150.00

DOCUMENT # P98000091836 1. Corporation Name

SANTANA'S INSURANCE AUTO AUCTION, INCORPORATED

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Principal Place of Business Mailing Address					\neg	n 100% 100% iin. inint inkiit ganto easti aatit aatit	/B191 10 100	(
6812 MASSA COURT 6812 MASSA COURT									
ORLANDO FL 32810 ORLANDO FL 32810									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						10/28/1998			
Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	plied For	
21 26						<u> 59-3538253</u>		t Applicable	
Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75	1	
22 27							Fee Re		
City & State City & State						6. Election Campaign Financing	\$5.00		
23 28			Country.			Trust Fund Contribution	Added t	n rees	
Zip · · · · · Country . Zip · · · ·			_	b. tills osipaidae		IZ/No			
24	25	29 30	"			Personal Property Tax. 10 Name and Address of New Registered		140	
	9. Name and Address of Current	Registered Agent	8	Name		10. Italia and Address of New Keylstered	-your		
SAN	TANA, ISRAEL JR.			1125					
6812 MASSA COURT				Street /	Address	ess (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32810				<u> </u>			·····		
ONE-NEO TE OEO TO			83]					
			84	City			85 Zip (Code	
				Ь		FL	<u>. </u>		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								\	
	Signature, typed or printed name of registered agent			erit signature n	required wi	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTO	DC IN 12	
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition	
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NAME ,	0.2 ST 17 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.2 NAME						
STREET ADDRESS	For the Control of th		6.3 STRE	ET ADDRESS	1)	

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 change report in 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 of tracting 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 of on an attachment with an address; with all other like empowered.

SIGNATURE:

CITY-ST-ZIP