03101999-90206-025-$150.00-$150.00

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90206 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000105365

1. Corporation Name
NORTH-SOUTH AUTO BROKERS, INC.

Principal Place of Business	Mailing Address
4623 REYNOSA DR. SW WINTER HAVEN FL 33880	4623 REYNOSA DR. SW WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2393 AVE G. N.W.
Suite, Apt. #, etc. 22
City & State 23 WINTER HAVEN FL.
Zip 24 33880 Country 25 POLK

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified
12/17/1998

4. FEI Number
59-3549722
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KINCAID, PAULA
4623 REYNOSA DR. SW
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHN KINCAID		1.2 NAME	
STREET ADDRESS	4623 REYNOSA DR SW		1.3 STREET ADDRESS	NONE
CITY-ST-ZIP	WINTER HAVEN FL 33880		1.4 CITY-ST-ZIP	
TITLE	V-PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAULA KINCAID		2.2 NAME	
STREET ADDRESS	4623 REYNOSA DR SW		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		2.4 CITY-ST-ZIP	
TITLE	SEC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PAULA KINCAID		3.2 NAME	
STREET ADDRESS	4623 REYNOSA DR SW		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		3.4 CITY-ST-ZIP	
TITLE	TRE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PAULA KINCAID		4.2 NAME	
STREET ADDRESS	4623 REYNOSA DR SW		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: SIGNATURE REQUIRED JOHN KINCAID PRESIDENT 3-4-99 941-293-6567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John Kincaid JOHN KINCAID PRESIDENT 3-29-99 941 293-6567