

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S02032 (8)
 1. Corporation Name
CENTRAL AUTO SALES, INC.



Principal Place of Business 2323 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5345	Mailing Address 2323 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118-5345
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 418 GRANT ST		2a. Mailing Address 26 1500 BEVILLE RD		3. Date Incorporated or Qualified 09/21/1990	4. FEI Number 59-3024478	Applied For <input type="checkbox"/> Not Applicable
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27 606-311		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
City & State 23 PORT ORANGE FL		City & State 28 DAYTONA BEACH FL				
Zip 24 32118	Country 25 VOLUSIA	Zip 29 32114	Country 30 VOLUSIA			

9. Name and Address of Current Registered Agent
SENKOVICH, MICHAEL
2323 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32119

10. Name and Address of New Registered Agent

81 Name MICHAEL SENKOVICH
82 Street Address (P.O. Box Number is Not Acceptable) 1500 BEVILLE ROAD
83 SUITE 606-311
84 City DAYTONA BEACH FL
85 Zip Code 32114

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	NAME SENKOVICH, MICHAEL	<input type="checkbox"/> DELETE
STREET ADDRESS 2323 S ATLANTIC AVE		
CITY-ST-ZIP DAYTONA BCH SHS FL		
TITLE D	NAME SENKOVICH, DONALD	<input type="checkbox"/> DELETE
STREET ADDRESS 2323 S ATLANTIC AVE		
CITY-ST-ZIP DAYTONA BCH SHS FL		
TITLE D	NAME CORNELIUS, DAVID	<input type="checkbox"/> DELETE
STREET ADDRESS 2323 S ATLANTIC AVE		
CITY-ST-ZIP DAYTONA BCH SHS FL		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 attachment with an address.

SIGNATURE _____ DATE **9-11-98** **904 451-3245**

CR2E034 (5/98)