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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # S14164

(5)

**FILED** 

Jan 23 1997 8:00am

Secretary of State

ATLANTIC IMPORTED AUTO SALES, INC. Principal Place of Business Mailing Address 7311 ATLANTIC BOULEVARD 7311 ATLANTIC BOULEVARD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211-8710 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1990 02/13/1996 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3040362 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name MINCER, JOHN 7311 ATLANTIC BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211 83 RA 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 Significe, type din genet, durancier registered agest and life in supremble (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) PID Change Addition DELETE TITLE 1 1 TITLE MINCER, JOHN NAME 1.2 NAME R2E034 7311 ATLANTIC BLVD. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST-ZIP CITY-ST VSD DELETE Change Addition TILE 2.1 TITLE MINCER, KRIEMHILDA 2.2 NAME NAME 7311 ATLANTIC BLVD. 2 3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY-ST-ZIP DITY-51 202 DELETE Change Addition TITLE 31 TITLE 32 NAME 3'3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CHTY - ST - ZIF DELETE Change Addition 4.1 TITLE THILF 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST ZIF Addition DELETE \_\_\_ Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE THLE 61 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET AUDRESS

6.4 CITY - ST - ZIP 14. I do hereby certily that the information supplied with this filling 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: