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PROFIT **CORPORATION** ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FILED Jun 05 1997 8:00am Secretary of State

Principal Place	AUTO SALES, INC.	Mailing Address 8249 BEACH BLVD. JACKSONVILLE FL 3	12216-3136			
					3. Date incorporated or Qualified 04/30/1991	3a. Date of Last Report 01/26/1996
	Place of Business	2a. Mailing Address	·		4. FEI Number	Applied For
Suite, Apt.	# etc	26			59-3098886	Not Applicate \$8.75 Additional
22	114 1000	27			5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	гу	8. This corporation has liability for	_ ` _
24	25 9. Name and Address of Curren	29 I Registered Agent	30		Florida Statutes L 10. Name and Address of New Re	YesNo
Bt	JROIN, EDDIE JR.	· riogiotorea rigoni	8	1 Name	(a) Hamballa Hadisədə al Hamila	Biotoro Manie
	115 GENNA TRACE TRAIL		8	2 Stroot A	ddress (P.O. Box Number is Not Accepta	nlo)
JACKSONVILLE FL 32257			L		ddiess (i .O. Box Nombel is Not Accepta	710)
			8	3		
			8	4 City		FL 85 Zip Code
agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the state agents are stated agents.		NOTE: Registered #		corporation submits this statement for the oration's board of directors. I hereby acce equired when renstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	· · · · · · · · · · · · · · · · · · ·
TITLE Name	RELAFORD, WINSTON B SR.	☐ DELETE 1.1 TI		- 1		∐ Change ☐ Addil
STREET ADDRESS	929 JORICK CT. W.		1.2 NAM 1.3 STRE	EI ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY			
TITLE	8	DELETE	2.1 1111.6		S	Change Addit
NAME	BURGIN, EDDIE JR.		2.2 NAM	E i	BURGIN, EDDIE JR	•
STREET ADDRESS	9415 GENNA TRACE TRAIL JACKSONVILLE FL 32257			E1 ADDRESS	1704 FAIRFAX CT. N JACKSONVILLE, FL322	
CITY-ST-ZIP	MUNDURVILLE PL 32207	DELETE		- S1 - ZIP	UACKSONVILLE, FL322	Change Addit
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NAME	/*: }		6.2 NAM	ł		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CHTY			
	his partification that the information according	t with this filing doop not o			ated in Contine 110 07(3)(i) Elevide Statute	on I further portify that the

I have a supplied with this annual report of 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 chapter or on an attachment with an address.

(and) 225-1979