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

Mailing Address

3500 S ST RD 7

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT #

Principal Place of Business

3500 S ST RD 7



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

UNLIMITED AUTO SALES INC.

Secretary of State (7)

**FILED** 

Jan 23 1998 8:00am

MIRAMAR FL 33023 US				MIRAMAR FL 33023 US				DO NOT WRITE IN THIS SPACE					
								<ol> <li>Date Incorporated or Qualified 06/28/1991</li> </ol>					
2.	Principal Place of Busi	ness	2a	. Mailing Address			,	4. FEI Number		$\top$	Applied For		
21			26					65-0265638			Not Applicable		
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional e Required		
23				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
24	Zip	25 29 30			$\vdash$	untry		This corporation owes or has paid Personal Property Tax due June 3	30. 🗆 Y	Yes	ar Intangible		
Name and Address of Current Registered Agent						Ш.	10. Name and Address of New Registered Agent						
	FULLER EDWARD E					81	Name						
4183 W HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023					82	82 Street Address (P.O. Box Number is Not Acceptable)							
				83									
						84	City				Zip Code		
11	Pursuant to the provis	ions of Sections 607.0502	and 6	07.1508, Florida Statu	tes, the a	pove	-named corpo	oration submits this statement for the pu	rpose of ch	angi	ng its registered		

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 life if applicable. INCITE	Control of the contro	egistered Agent signature required when reinstating)  DATE  DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P DELETE	1.1 TITLE	Change Addition					
NAME	Fuller, Edward E.	1,2 NAME						
STREET ADDRESS	17221 NW 6ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP						
TITLE	V DELETE	2.1 TITLE	Change Addition					
NAME	MAXWELL, BARBARA L	2,2 NAME						
STREET ADDRESS	17221 NW 6ST	2,3 STREET ADDRESS	;					
CITY - ST - ZIP	PEMBROKE PINES FL	2. 4 CITY - ST - ZIP						
TITLE	☐ DELETE	3.1 TITLE	Change Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	DELETE	4.1 TITLE	Change Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY - ST - ZIP		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						

14. I hereby certify 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.

19:11NATESER IFESTERED

1-171-08

954-953-7404