

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S68928** (8)

1. Corporation Name

USA AUTO MALL OF FLORIDA, INC.



Principal Place of Business

**270 SOUTH SERVICE ROAD
POST OFFICE BOX 699
MELVILLE NY 11747-7699**

Mailing Address

**270 SOUTH SERVICE ROAD
POST OFFICE BOX 699
MELVILLE NY 11747-7699**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/26/1991

3a. Date of Last Report
01/19/1995

4. FEI Number

65-0289993

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 NE 167TH STREET
SUITE 305
NORTH MIAMI BEACH FL 33162**

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

Signature of registered agent or other person authorized to sign this report

Signature of Registered Agent or other person authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE
P	DASCUCCI, RALPH	392 DUCK POND	LOCUST VALLEY NY	<input type="checkbox"/> DELETE											
S	FREEMAN, MARK A.	35 ROBIN LANE	PLAINVIEW NY	<input type="checkbox"/> DELETE											
SD	PASCUCCI, MICHAEL C	392 DUCK POND RD	LOCUST VALLEY NY	<input type="checkbox"/> DELETE											
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP
	RALPH PASCUCCI	92 FACTORY POND ROAD		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition																		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition																		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

777-8100

CR2E034 (12/95)