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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$70422

(8)

MOTOR CAR CONNECTION, INC.

| FIL        | ED         |
|------------|------------|
| Apr 15 199 | 97 8:00am  |
| Secretary  | y of State |



| Principal Place of Business Mailing Address  5415 NORTHWEST 15TH STREET  BAYS 8 AND 9  MARGATE FL 33063  MARGATE FL 33063-3778  |  |  | -     1 160   10 16   11 160   1 0 161 16 161 161 161 161 161 161 161  |  |                                    |                                       |
|---|--|--|--|--|------------------------------------|---------------------------------------|
| recovered the support   | THE STATE OF THE S | 2a. Mailing Address  |  | 3. Date Incorporated or Qualified 07/29/1991                                       | 3a. Date of Last Report 05/01/1996 |                                       |
| , Principal Place of Business   | 2a. Mailing Address  |  |  | 4. FEI Number<br>65-0280916  | <del> </del>                       | Applied For<br>Not Applicat           |
| Suite, Apt #, etc.  | Suite, Apt #, etc.   |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Certificate of Status Desired  | \$8.7                              | Additional<br>Required                |
| City & State  | City & State   |  |  | 6. Election Campaign Financing   |                                    | May Be                                |
|   | 28 Zip   | Counti   | ry   | Trust Fund Contribution  8. This corporation has liability for in Florida Statutes |                                    |                                       |
| 9, Name and Address of Cur  |  | 1301   |  | 10. Name and Address of New Re   | T                                  |                                       |
| SCHLEIFER, HARLAN   |  | 8  | 1 Name   |  |                                    |                                       |
| 5415 N.W. 15TH ST<br>BAYS 8 AND 9   |  | 8:   | 2 Street Add   | dress (P.O. Box Number is Not Acceptab   | ole)                               |                                       |
| MARGATE FL 33063  |  | 8:   | 3  |  |                                    | · · · · · · · · · · · · · · · · · · · |
|   |  | 8  | 4 City   |  | FL 85 Z                            | p Code                                |
| Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent, I am familiar with and accept the ob-   | 0502 and 607.1508. Florida Stat  | tutes, the abo   | ve-named cor   | rooration submits this statement for the p   | ourpose of changing                | its registere                         |
| GNATURE Signature, typed or printed name of registered  | Lagent and title Lapplicable (N  | IOTE: Registered A   | necl signature tequi   | uired when reinstating)  | DATE                               | <del></del>                           |
| OFFICERS ,  | AND DIRECTORS  |  | gon algonia toda   |  | ERS AND DIRECT                     | ORS IN 12                             |
| ⊩ <del>1 D00 -</del>  | AND DIRECTORS DELETE   | 13.<br>1.1 TITLE   |  | ADDITIONS/CHANGES TO OFFIC   | CERS AND DIRECT                    |                                       |
| POSENBERG, SIDNEY   |  | 13.  |  |  |                                    |                                       |
| POSEMBERO, SIDNEY  REFLADORESS  23400 MIRADELLA OIROLE  |  | 13.<br>1.1 TITLE<br>1.2 NAME   |  |  |                                    |                                       |
| POSENBERO, SIDNEY PASE ADDRESS   | OBUTH OBLETE   | 13.<br>1.1 TITLE<br>1.2 NAMI<br>1.3 STREI<br>1.4 City  | E<br>ET ADORESS<br>-ST-2IP   |  | Chang                              | e 🔲 Addil                             |
| POSENBERG, SIDNEY  23409 MIRADELLA OIROLE  23409 TATON FL  DP   |  | 13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 City 2.1 TITLE  | ET ADDRESS<br>-ST-ZIP  |  |                                    | e 🔲 Addil                             |
| POSENBERG, SIDNEY 23400 MINADELLA OINCLE BOOA RATON PL DP SCHLIEFAR, HARLAN K.  | OBUTH OBLETE   | 13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME   | ET ADDRESS -ST-ZIP   |  | Chang                              | e Addil                               |
| POSENBERG, SIDNEY 23409 MINABELLA OFFICIE BOOA RATON FL DP SCHLIEFAR, HARLAN K. 11675 TIMBERS WAY   | OBUTH OBLETE   | 13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREI   | ET ADDRESS -ST-ZIP ET ADDRESS  |  | Chang                              | e Addil                               |
| POSENBERG, SIDNEY 23409 MIRADELLA OROLE 3409 ARATON FL DP ME SCHLIEFAR, HARLAN K. 11675 TIMBERS WAY BOCA RATON FL   | OBUTH OBLETE   | 13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME   | E ET ADDRESS -SI-ZIP E ET AODRESS -SI-ZIP  |  | Chang                              | e Addii                               |
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| PROSENSERO, SIENEY 23499 MINABELLA ONOLE BOOK RATON PL  F SE SCHLIEFAR, HARLAN K. 11675 TIMBERS WAY BOCA RATON FL  E SE LADDRESS -51-749  E SE LADDRESS -51-749  F SE SE LADDRESS -51-749   | DELETE  DELETE   | 13. 11 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY   | E ET ADDRESS -ST-ZIP              |  | Chang                              | e Addi                                |
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| F DOS— POSENBERO, SIDNEY 23409 MRABELLA OROLE BOOA RATON FL  F SCHLIEFAR, HARLAN K. 11675 TIMBERS WAY BOCA RATON FL  E ME SELADORESS (*-\$1-20*) IF 26 BELADORESS (*-\$1-20*) IF 27 BELADORESS (*-\$1-20*) IF 38 BELADORESS (*-\$1-20* | DELETE  DELETE   | 13. 11 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI  | E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS                                  |  | Chang                              | e Addii                               |
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| DOSENBERS, SIGNEY  23409 MINABELLA OFFICE  3000 PATON PL  DP  SCHLIEFAR, HARLAN K.  11675 TIMBERS WAY  BOCA RATON FL  IE  ME  661 ADDRESS  Y-S1-ZIP  IE  ME  662 LADDRESS  Y-S1-ZIP  IE  ME  663 LADDRESS  Y-S1-ZIP  IE  ME  664 LADDRESS  Y-S1-ZIP  IE  ME  665 LADDRESS  Y-S1-ZIP  IE   | DELETE  DELETE  DELETE   | 13. 11 TITLE 12 NAMI 13 STREI 14 CITY 21 TITLE 22 NAMI 23 STRE 24 CITY 3.1 TITLE 32 NAME 3.3 STRE 34 CITY 41 TITLE 42 NAM 43 STRE 44 CITY 51 TITLE 52 NAMI 53 STRE 54 CITY   | E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP |  | Chang                              | e Addii e Addii e Addii               |
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SIGNATURE: SIGNATURE AND THE LOT PRINTED BY THE OF SIGNING OFFICE AND SCHLEIFER 4/10/47 (954)979-5100