FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 11:39

DOCUMENT # S80116 (4)

1. Corporation Name

M.V.R. AUTO BROKERS, INC.

Principal Place of Business	Mailing Address
5008 GRAND BLVD NEWPORT RICHEY FL 34652	5008 GRAND BLVD NEWPORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/13/1991
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 1533 US Hwy 19
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: A
City & State — 23
City & State — 28: Holiday, FL.
Zip — 24
Country — 25
Zip — 29: 34691
Country — 30: USA

4. FEI Number: 59-3079916 ☐ 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

9. Name and Address of Current Registered Agent

RICKEY, MARC VICTOR
5002 GRAND BLVD.
NEWPORT RICHEY FL 34652

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	RICKEY, MARC VICTOR	1.2 NAME		
STREET ADDRESS	5008 GRAND BLVD.	1.3 STREET ADDRESS	1533 US Hwy 19	
CITY-ST-ZIP	NEWPORT RICHEY FL	1.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	ST	2.1 TITLE		☒ Change ☐ Addition
NAME	PIPITONE, PETER V	2.2 NAME		
STREET ADDRESS	5008 GRAND BLVD	2.3 STREET ADDRESS	1533 US Hwy 19	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	VP	3.1 TITLE		☒ Change ☐ Addition
NAME	WEISS, ARTHUR	3.2 NAME		
STREET ADDRESS	5008 GRAND BLVD	3.3 STREET ADDRESS	1533 US Hwy 19	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	VP	4.1 TITLE	John W. Scroppo VP	☐ Change ☒ Addition
NAME	John W. Scroppo	4.2 NAME		
STREET ADDRESS	1533 US Hwy 19	4.3 STREET ADDRESS	1533 US Hwy 19	
CITY-ST-ZIP	Holiday FL 34691	4.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: _____ 1/19/95 813-942-4777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER — Date — Daytime Phone #

0460187 FP