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 # **V08548** **(2)**

1. Corporation Name

THE USED CAR COMPANY OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
5510 S. RIDGEWOOD AVE. PORT ORANGE FL 32127	5510 S. RIDGEWOOD AVE. PORT ORANGE FL 32127

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/23/1992

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-3102413 ☐ 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

~~SKILLMAN, HOWARD~~
~~1205 SPARTON AVE.~~
~~PORT ORANGE FL 32119~~

10. Name and Address of New Registered Agent

81 Name: Dennis NARDI
82 Street Address (P.O. Box Number is Not Acceptable): 5510 S. Ridgewood AVE
83
84 City: Port Orange FL 85 Zip Code: 32127

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: Dennis Nardi Dennis Nardi 3/15/96
Signature of New Registered Agent Name (Typed or Printed) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DPVT~~	☒ DELETE	1.1 TITLE	PVTS ☑ Change ☐ Addition
NAME	~~SKILLMAN, HOWARD~~		1.2 NAME	Dennis NARDI
STREET ADDRESS	~~4445 S ATLANTIC #801~~		1.3 STREET ADDRESS	5510 S. Ridgewood Ave
CITY-ST-ZIP	~~PONCE INLET FL~~		1.4 CITY-ST-ZIP	Port Orange Fla 32127
TITLE	~~S~~	☒ DELETE	2.1 TITLE	D ☑ Change ☐ Addition
NAME	~~SKILLMAN, HOWARD~~		2.2 NAME	FRANK WIRTH
STREET ADDRESS	~~4445 S ATLANTIC #801~~		2.3 STREET ADDRESS	5510 S Ridgewood Ave
CITY-ST-ZIP	~~PONCE INLET FL~~		2.4 CITY-ST-ZIP	PORT ORANGE Fla 32127
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	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: Dennis Nardi 3/15/96 904 760 0984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number
Dennis Nardi 904 760 6885