

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V11369 (8)

1. Corporation Name
DAVID'S USED CARS, INC.



Principal Place of Business 4863 WOODRUFF SPRINGS RD SANFORD FL US	Mailing Address 1175 ORANGE BLVD LAKE MARY FL 32773 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/04/1992	
4. FEI Number 59-3108495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRANNON, DAVID A
 1175 ORANGE BLVD
 LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name	BARBARA A. Triplett
82 Street Address (P.O. Box Number is Not Acceptable)	1175 Orange Blvd
83	
84 City	Lake Mary FL
85 Zip Code	32746

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]* **BARBARA A. Triplett** DATE **4-19-98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANNON-WILSON, DAVID A	
STREET ADDRESS	1175 ORANGE BLVD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARBARA A. Triplett	
1.3 STREET ADDRESS	1175 Orange Blvd	
1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
2.1 TITLE	V.PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAA	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAA	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAA	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, in an attachment with an address.

SIGNATURE *[Signature]* **Barbara A Triplett** **4.19.98** **407.321-12332**

CP2E034 (10/97)