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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MOAD

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EUROPEAN AUTO SALES, INC. Principal Place of Business Mailing Address 31201 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684 PALM HARBOR FL 34684				and the second s				
					3. Date incorporated or Qualified 03/30/1992	- 1 .	ate of Last R	eport
Principal P	face of Business	2a. Mailing Address			4. FEI Number			plied For
L	#, etc:	Suite, Apt. #, etc.			59-3119287		\$8.75	ot Applicab Additional
]		27			5. Certificate of Status Desired	<u> </u>	Fee Re	
City & Stat	e e	City & State			6. Election Campaign Financing		\$5.00	
Z _{(p}	Country	28	Country		Trust Fund Contribution 8. This corporation has liability for	or intancible	Added	
}	25	29	30		Florida Statutes	⊠ Yes [. 199.032,
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New	Registered	Agent	
	.ade, matthew J.		81	Name				
	01 U.S. HIGHWAY 19 NORTH		82	Street Addr	ress (P.O. Box Number is Not Accept	table)		·· - ,
PAL	M HARBOR FL 34684		B3					
			84	City		FL	85 Zip	Code
	mi familiar with, and accept the obliga	ations of, Section 607.0505,	as authorized by Florida Statutes	ine corporai	poration submits this statement for the tion's board of directors. I hereby acc	pehr me abl		J
IGNATURE	Signature, typed or printed name of registered agor OFFICERS AND	nt and little if applicable (I DIDIRECTORS	NOTE: Registered Age			DATE	D DIRECTOR	RS IN 12
GNATURE E.	Stgradure, ignet or pented name of registered agor OFFICERS AND	nt and title if applicable (f	NOTE: Registered Age		red when reinstaling)	DATE		RS IN 12
GNATURE LE ME	Signature, typed or printed name of registered agor OFFICERS AND	nt and little if applicable (I DIDIRECTORS	NOTE: Registered Age	nt signature requit	red when reinstaling)	DATE	D DIRECTOR	RS IN 12
GNATURE LE ME BEEL ADDRESS	Stgradure, ignet or pented name of registered agor OFFICERS AND PST DELADE, MATTHEW J.	nt and little if applicable (I DIDIRECTORS	NOTE: Registered Agei 13. 1.1 Title 1.2 NAME	nt signature requi	red when reinstaling)	DATE	D DIRECTOR	RS IN 12
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Secretary of State