

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 # V27567 (9)

1. Corporation Name

TOP SOURCE AUTOMOTIVE, INC.



Principal Place of Business

2000 PGA BLVD.
SUITE 3200
PALM BEACH GARDENS FL 33408

Mailing Address

2000 PGA BLVD.
SUITE 3200
PALM BEACH GARDENS FL 33408

3. Date Incorporated or Qualified

04/09/1992

3a. Date of Last Report

03/16/1995

4. FEI Number

65-0332734

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

CONSOLIDATED
UNDER TOP
SOURCE

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Harris
JACOBI, BETH F.
712 US HIGHWAY ONE
4TH FLOOR
NORTH PALM BEACH FL 33408

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	LANDOW, STUART	
STREET ADDRESS	280 PARK AVE S, STE 24B	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSEN, CHRISTER	
STREET ADDRESS	2000 PGA BLVD, STE 3200	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SAMUELS, JAMES P R	
STREET ADDRESS	2000 PGA BLVD, SUITE 3200	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Landow, Stuart	
1.3 STREET ADDRESS	450 Park Avenue, Ste. 2100	
1.4 CITY-ST-ZIP	New York, NY 10022	
2.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rosen, Christer	
2.3 STREET ADDRESS	7108 Fairway Drive, Ste. 200	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418-3757	
3.1 TITLE	T/D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Natan, David	
3.3 STREET ADDRESS	7108 Fairway Drive, Ste. 200	
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418-3757	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
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		

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***200.00

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Natan

(407) 775-5756

Date

Daytime Phone #

CR2E034 (12/95)