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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

1. Corporation	MENT # V29827 S CAR SALES CO.				03-04-1999 90087		
Principal Place	a of Business	Mailing Address			} 1 LEGIS OKSUKA SIDIO (BROS SUISE SUUR)	DES BIBSE BIBSE BIBSE BIB	le degle goden edde
1122 S.E. 14TH TERRACE 1122 S.E. 14TH TERRACE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441							
020,111,122,02					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		}
					04/20/1992		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For	
21 26					65-0334065		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	,	Additional Required
22							
					6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country Zip				- 		d wites
24	25 . 29 30		Counti	,	This corporation owes the current Personal Property Tax.	year intangible	□No
<u></u>	9. Name and Address of Current				10. Name and Address of New Reg		
			8	1 Name			
TILLEY, MICHAEL R. 900 NORTH FEDERAL HIGHWAY SUITE 380				2 Street Addr	ress (P.O. Box Number is Not Acceptable))	
BOCA RATON FL 33432				3			ļ
200	A TOTOM TE SO-TOE		8	4 City		FL 85 Zi	Code
office or re	registered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was a ons of, Section 607.0505, Flo	uthorized b rida Statute	y the corporations.	oration submits this statement for the pul on's board of directors. I hereby accept the	rpose of changing he appointment as	its registered registered
	Signature, typed or printed name of registered agent		Registered Ag	ent signature require	ADDITIONS/CHANGES TO OFFIC	DATE	FORCIN 12
12.	OFFICERS AND DIRECTORS DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	☐ Chang	
NAME	A.W. RIGBY	13 - 2-2-1	1.2 NAME	i			
STREET ADDRESS			1	ET ADDRESS			1
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		1.4 CITY-	ĺ			}
TITLE	DEETWILLD DEFION TO GOVE	☐ DELETE	2.1 TITLE	+-		☐ Chang	e Addition
NAME			2.2 NAME				}
STREET ADDRESS				ET ADDRESS			}
CITY-ST-ZIP			2.4 CITY	Y Y			l
TITLE		DELETE	3.1 TITLE			☐ Chang	e
NAME		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			}
CITY-ST-ZIP			3.4. CITY	1			}
TITLE		☐ DELETE	4.1 TITLE			Chang	B Addition
NAME			4. 2 NAME	≘ {		*	
STREET ADDRESS			4.3 STRE	ET ADDRESS			}
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
HTLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
-			5.2 NAME	}			}
ADDRESS			5.3 STRE	ET ADDRESS			}
. ST-ZIP			54 CTTY-				
	 	DELETE	6.1 TITLE	7		☐ Change	Addition
-			6.2 NAME				j
I ADDRESS			6.3 STREE	ET ADDRESS			}
ST-ZIP			6.4 CITY-	ST-ZIP			ļ

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 exceiver or frustee 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 or fact extraction with an address, with all other like empowered.

信報ATURE:

SIGNATURE IND TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #