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Aug 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) V39020 TERINO'S USED CARS, INC. Principal Place of Business Mailing Address 1412 E. BAKER STREET 1412 E. BAKER STREET PLANT CITY FL \$3566 PLANT CITY FL 33566 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/27/1992</u> 2, Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 59-3127298 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALLEN, C STEPHEN 4830 W KENNEDY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 335** 83 TAMPA FL 33609 84 85 Zip Code City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 111LE 1.1 TRUE TERINO, CHRISTOPHER A. NAME 1.2 NAME 1412 E. BAKER STREET STREET ADDRESS 1.3 STREET ADDRESS PLANT CITY FL 33566 CITY - ST - ZIP 1.4 CITY - ST - 7IP DLLETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-7IP CITY-ST-7F DELETE ☐ Change Addition 4.1 TRLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET AUDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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

**FILED** 

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5/11/98