PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039405

E & A AUTO SALES, INC.

Fillicipal Flace of Busiless
6420 SOUTH U.S. 1
PORT ST LUCIE FL 34952

Mailing Address

6420 SOUTH U.S. 1 PORT ST. LUCIE FL 34952

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90238 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

TITLE TSD DELETE 2.1 TITLE NAME THERRIEN, JOHN STREET ADDRESS 1519 CROWNIE STREET CITY-ST-ZIP PORT ST. LUCIE FL 34952 2.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 4.1 TITLE Addition Change Addition Addition Addition Addition Addition						04/30/1997		
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S. Certificate of Status Desired Fee Required Fee Required City & State City & City & State City & City & State City & City & City & State City & City))	•	26			65-0773289	Not	t Applicable
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Zip Country Zip Sol Sol Personal Property Tax. Yes No Personal Property Tax. Yes No Name and Address of Current Registered Agent Sol Name and Address of Current Registered Agent Sol Name Sol Name Sol Name Sol Name Sol Name Sol Name Sol	City & State	9	City & State	_		1 11 11 1 1		
9. Name and Address of Current Registered Agent ELMASIAN, RICHARD 2641 S.E. HAMDEN ROAD PORT ST. LUCIE FL 34952 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 lis registered office or registered agent, or both, in the State of Florida. Such change was authorited by the corporation's board of directors. Thorsely accept the epipolithomic as registered office or registered agent, or both, in the State of Florida. Such change was authorited by the corporation's board of directors. Thorsely accept the epipolithomic as registered office or registered agent, or both, in the State of Florida. Such change was authorited by the corporation's board of directors. Thorsely accept the epipolithomic as registered office or registered agent, or both, in the State of Florida. Such change was authorited by the corporation's board of directors. Thorsely accept the epipolithomic as registered office or registered agent or both, in the State of Florida. Such change was authorited by the corporation's board of directors. Thorsely accept the epipolithomic as registered office or registered agent or both, in the State of Florida. Such change was authorited by the corporation's board of directors. Thorsely accept the epipolithomic as registered of the corporation's board of directors. Thorsely accept the epipolithomic as registered of the corporation's board of directors. Thorsely accept the epipolithomic as registered of the corporation's board of directors. Thorsely accept the epipolithomic as registered of the corporation's board of directors. Thorsely accept the epipolithomic as registered of the corporation's board of directors. Thorsely accept the epipolithomic as registered of the corporation's board of directors. Thorsely accept the purpose of corporation's board of directors. Thorsely accept the purpose of corporation's board of directors. Thorsely accept the purpose of corporation's board of directors. Thorsel		Country		Count	y ~	8. This corporation owes the current year.	ntangible	
Section Sect	¬ '	25	29	0		Personal Property Tax.	☐ Yes	_ No.
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PORT ST. LUCIE FL 34952 81 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligation of Section 807.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the population of Section 807.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the paperitiment as registered agent. I am familiar with, and accept the obligation of Section 807.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of Section 807.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of Section 807.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent and statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent and statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent and statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of ch	2641 S.E. HAMDEN ROAD							
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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 informatio 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 eath; 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99 561-4621515

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