



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 356-0123

FOR AGENCY USE ONLY

Date Received

RECEIVED
POSTED
OFFICE
SAFETY INVESTIGATION

Order

Reference No.

554550

OWNER INFORMATION (Type or Print)

Name
Street

City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 8, 28, 00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
IN4BU31F4PC166621		NISSAN	Altima	1993	122285	
Purchase Date	Dealer's Name		City	State	Zip Code	Engine Size (CID/CC/L)
9/27/99	A.S. Singh + Son Auto Sales		Mollywood	FL	33023	No. Cylinders 4
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drivetrain	Body Style
	<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> 3-Point Belt	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Hatch Back <input type="checkbox"/> Van <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> 4-Door <input type="checkbox"/> 2-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
	Air Conditioning - Compressor Motor mounts, Engine Failed, Brakes	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Manufacturer Contacted?	NHTSA Previously Contacted?
	Mileage at Failure(s) Please see Attached Repair Sheet Vehicle Speed at Failure(s) Short	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICABLE ACCIDENT INFORMATION

(Use reverse side for more detailed information)

Accident	Fire	Number Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0		\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Size

TIRE SIZE

TIRE NAME



U.S. DOT safety standard code

The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire.

TIRE MANUFACTURER

The Privacy Act of 1974—Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Failure(s), Accident(s), and Injury(ies)

First, to start off with, this car came with numerous problems. ~~like~~ One main problem was the motor mounts. Then the engine had a miss in it and stalls sometimes, that leaves ~~out~~ black smoke coming out. Also the Diagnostic timing went bad, and I had to replace the mass air flow meter. AJ SINEY & SON AUTO SALES also told me that they had just put on new brakes^{on} but they didn't, I had to put on both front & back brake pads, due to the problem when I would be on the highway and over 50 mph and ^{start} come to stop the whole car would shake badly. Later on my compressor went bad and was making that terrible noise. Also my P.S. bracket was not mounted to the cylinder head & block. My bolt was broken in block; plus misc. other bolts loose, stripped, broken and missing. The head ~~cover~~ valve cover gasket had to be replaced. I needed new spark plug wires and also someone had to redo my timing. Last, I was on the I-95 coming from work and right in the middle of the I-95 the engine red blew, so I had to pay \$75 towing fee, to get home.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW.
Washington, DC 20590

STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE
AND/OR REGISTRATION

COUNTY: **11** CITY: **83** SUBP. REPORT#:
B1B
L# **13940**

T# **215792040**
B# **12858**
R# **215792341**

DECAL NUMBER 00508612	DECAL O X	EXPIRES 1 0480	EXPIRES 1 0400	TITLE ORR	INSURANCE C	PLATE X X	RESIDENT 0	COUNTY 10	DATE OF ISSUE 09 2899	PLATE NUMBER OR FLORIDA # B44CAI
TITLE NUMBER 65259112	VEHICLE/VESSEL IDENTIFICATION # 1N4BU31F4PC186621		VEHICLE YEAR 1993	MAKE OF MANUFACTURER NISS	BODY TYPE 4D	CLASS 1	WT/LENGTH 2874	VIN/LOC		
HILL INTERNAL	PROPELLER	FUEL	VEHICLE USE	VEHICLE TYPE	WATER	VEHICLE COLOR RGS GLD	IN OTHER FL/DL # OR FRAD # W452546804040			

Owner/Registrant Name & Address



SALES TAX (FL/DL # OR FRAD #)

VOLUNTARY CONTRIBUTIONS

FLEET NUMBER	CHRYSLER VEHICLE MCS CLASS W/LENGTH	NOV	REG. FEE 70.20	INT. REG. 100	AGENCY FEE 7.75	TITLE FEE 27.00	SALES TAX 0.00	GRAND TOTAL 204.95
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Action Requested: **TRANSFER TITLE**

STATE PREV. REG. FL	DATE ACQUIRED 09/27/1999	NEW	USED XX	ODOMETER/VESSEL MANUFACTURER 98,510 MILES 09/27/1999 ACTUAL
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LIEN INFORMATION	DATE OF LIEN 09/27/1998	TOY # OR FL/DL # AND SEX AND DATE OF BIRTH 593039752-01	<input type="checkbox"/> ODOMETER DECLARATION CERTIFICATION
NAME OF FIRST LIENHOLDER: IF NO LIEN, ENTER NONE ALLSTATE FINANCE INC			<input type="checkbox"/> PRIVATE <input type="checkbox"/> SALVAGE TYPE
ADDRESS 1915 N DALE HARRY HWY #300			
CITY TAMPA, FL	STATE FL	ZIP CODE 33607	

SELLER INFORMATION	<p>NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER: JA J SINGH & SON AUTO SALES INC</p> <p>ADDRESS:</p> <p>CITY: STATE: ZIP CODE:</p> <p>DEALER LICENSE NO. VI028395</p>
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER	
ADDRESS:	
CITY: STATE: ZIP CODE:	

<p>SALES TAX AND USE REPORT</p> <p>TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED</p> <p><input type="checkbox"/> PURCHASER HOLDS VALID EXEMPTION CERTIFICATE</p> <p><input type="checkbox"/> VEHICLE/VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL</p> <p><input type="checkbox"/> OTHER OTHER</p>	<p>CONSUMER OR SALES TAX EXEMPTION #</p> <p>INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS</p> <p>INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES</p> <p>0.00</p> <p><input type="checkbox"/> SELLING PRICE VERIFIED</p>
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APPLICANT CERTIFICATION (H 30 7450)

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED, NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Registered Owner: _____

Signature of Registered Co-Owner: _____

VEHICLE INFO

VEH ID NUM: 1NABU31F4PC165521
 VEH TYPE/USE: All / P
 FUEL TYPE:
 NET WEIGHT/GVW: 2874 /
 ODOM MILES/DATE: 99510 / 09/27/1999
 YEAR MAKE: 1993
 MAKE/INHOUSE: NISSA /
 BODY: 4D
 COLOR: GLD/
 ODOM STATUS/TYP: A / M

TITLE INFO

TITLE NUMBER: 53259112 PENDING? NO
 SALVAGE TYPE:
 ISSUE DATE: 09/28/1999
 EPS STATUS:

BRAND INFO

BRAND CODE: NO BRANDS ON FILE
 BRAND DATE:

OWNER INFO

FEID/DL NUMBER: W452546804040
 BIRTH DATE/SEX: 11/04/1980 / M
 OWNER NAME:
 OWNER ADDRESS:
 OWNER NUMBER: 1
 RES COUNTY: 10

REGISTRATION INFO

LICENSE PLATE: B44CAI
 PLATE CODE: RGE
 ISSUE DATE: 09/28/1999
 ARF CREDIT: 2.00
 REG USE: PR
 CLASS CODE: 603
 DECAL NUMBER: 00508612
 DECAL YEAR: 2000
 ISSUE DATE: 09/28/1999
 EXPIRATION DATE: 11/04/2000
 UNIT NUM/FLEET: /
 LOCATION CODE:

REGISTRANT INFO

FEID/DL NUMBER: W452546804040
 REGIS. DOB/SEX: 11/04/1980 / M
 REGISTRANT NAME:
 REGISTRANT ADDR:
 REGISTRANT NUM: 1
 RES COUNTY: 10

LIEN HOLDER INFO

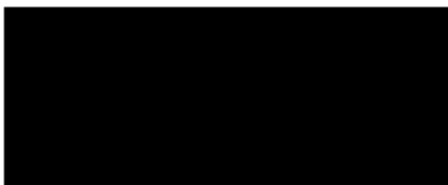
FEID/DL NUMBER: 593039752
 LIEN DOB/SEX: /
 LIEN HLDR NAME: ALLSTATE FINANCE INC
 LIEN HLDR ADDR: 1915 N DALE MARRY HWY #300
 TAMPA, FL 33607
 LIEN NUMBER: 1
 RES COUNTY: 3

AUG 08 2000

TALLAHASSEE, FLORIDA
 I, William T. Joyce, Director, Division
 of Motor Vehicles of the State of Florida
 hereby certify that this is a true and
 correct copy of the Motor Vehicle record
 on file in this office.



William T. Joyce
 WILLIAM T. JOYCE, DIRECTOR
 DIVISION OF MOTOR VEHICLES
 DEPT. OF HIGHWAY SAFETY AND
 MOTOR VEHICLES



September 5, 2000

U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

PLEASE FIND ENCLOSED THE FOLLOWING:

1. STATE OF FLORIDA CERTIFICATE OF TITLE
2. REPAIR BILLS
3. COPY OF GAP INSURANCE APPLICATION
4. APPLICATION FOR OWNER'S QUESTIONNAIRE
5. COPY OF THE BILL OF SALE

SALES TAX INFORMATION

EVEN TRADE OR TRADE DOWN STATE THE FACTS OF THE EVEN TRADE OR TRADE DOWN IN THE SPACE PROVIDED BELOW

TRANSFEROR INFORMATION

NAME _____ PRINT TRANSFEROR NAME

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NOTE: ANY PRESUMPTION REGARDING THE TAXABILITY OF AIRCRAFT, BOATS, MOBILE HOMES, MOTOR VEHICLES OR OTHER VEHICLES OF A CLASS OR TYPE REQUIRED TO BE REGISTERED OR LICENSED TITLED OR DOCUMENTED IN THIS STATE OR BY THE UNITED STATES GOVERNMENT ESTABLISHED BY RULE 12A 1.007 F.A.C. MAY BE REUTED ONLY BY CLEAR AND CONVINCING EVIDENCE TO THE CONTRARY. DECLARATIONS AFTER THE FACT ARE OF LITTLE VALUE AS EVIDENCE BECAUSE OF THEIR SELF-SERVING NATURE AND WILL BE GIVEN LITTLE WEIGHT.

11 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 219, FLORIDA STATUTES BY:

- PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE
- MOTOR VEHICLE MOBILE HOME VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL
- DIVORCE DECREE TRANSFER BETWEEN HUSBAND AND WIFE EVEN TRADE OR TRADE DOWN (COMPLETE SECTION 10)
- OTHER (EXPLAIN) _____

CONSUMER'S CERTIFICATE OF EXEMPTION _____

SALES TAX REGISTRATION NUMBER _____

I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application is not subject to Florida sales and use tax by the following reason: INHERITANCE GIFT

12 REPOSSESSION DECLARATION

- I CERTIFY THAT (1) THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LEASE INSTRUMENT, (2) FOR MOTOR VEHICLES OR MOBILE HOMES, A CERTIFIED COPY OF WHICH IS ATTACHED TO THIS APPLICATION, (3) FOR VESSELS, A PHOTOCOPY OF WHICH IS ATTACHED TO THIS APPLICATION, (4) THE MOTOR VEHICLE, MOBILE HOME OR VESSEL IS NOW IN MY POSSESSION.
- I CERTIFY THAT THE SALES CONTRACT FOR THE IDENTIFIED MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS PURCHASED ON (DATE) _____ FROM _____.

13 NON USE AND OTHER CERTIFICATIONS

- I CERTIFY THAT THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:
 - THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE
 - THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE
 - OTHER (EXPLAIN) _____
- I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED

14 APPLICATION ATTESTMENT AND SIGNATURES

I/WE PHYSICALLY INSPECTED THE ODOMETER AND I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS

THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.
 [Signature] 9/27/99 [Signature] Date _____

15 RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s) state as follows: That _____ of _____ County, Florida died on the _____ day of _____ 19____.

I/WE (with a will) I/WE (without a will) and I/WE (jointly) the legal heirs of the deceased _____

NAME _____ RESIDENCE _____

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in section 2 of this form. That the estate is not indebted and the assets of the estate, excluding the motor vehicle, mobile home or vessel, are sufficient to pay all just claims and that no probate proceedings have been initiated upon the estate. That the undersigned person(s) hereby release all their right, title, interest and claim as heirs at law, legatees, devisees or otherwise to the aforesaid motor vehicle, mobile home or vessel to _____

Signature of surviving spouse, co-owner and/or heirs _____ Name of Applicant (Type or Print) _____

More than one form HSMV 82040 may be used for additional signatures.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS SHOULD SUBMIT THIS FORM AND ALL OTHER DOCUMENTATION TO THE LOCAL TAX COLLECTOR'S OFFICE FOR PROCESSING. OUT-OF-STATE MOTOR VEHICLE OR MOBILE HOME APPLICANTS MAY SUBMIT APPLICATION DIRECTLY TO DSHMV, RM, KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0010.

DMV Form 1975

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Not Kirkman Building Tallahassee 32399 0500
MOTOR VEHICLE POWER OF ATTORNEY/ODOMETER DISCLOSURE

(Instructions on Reverse Side)

This form may be used when title is physically held by holder or title has been lost or is otherwise unavailable. This form must be submitted to the DMV by the person executing Powers of Attorney. Failure to do so may result in fines or imprisonment.

VEHICLE DESCRIPTION

Vehicle Identification Number 1N48U31F4PC166621	Year 93	Make NISS	Model ALTIMA	Body SD	Title No
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PART A TRANSFEROR (SELLER) IN POWER OF ATTORNEY TO DISCLOSE MILEAGE
DEBORAH A THOMAS JOSEPH A THOMAS

GUNTHER V.W., INC./J. STEPHENSON

Wife _____ (Transferor's Name Print) _____ (Transferor's Address Print)
apport _____

By my/our attorney in fact for the purpose and with full authority to transfer title to satisfy any lien and to disclose the mileage for the vehicle described above exactly as stated in the following disclosure. **WARNING:** Federal law and State law require that you state the mileage in connection with transfer of ownership. Providing a false statement may result in fines or imprisonment.

I STATE THAT THIS MOTOR VEHICLE'S 5 DIGIT OR 6 DIGIT ODOMETER NOW READS **032959** (NO TENTHS) MILES DATE READ **03 29 99** AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED.

CAUTION
READ CAREFULLY
BEFORE YOU
CHECK A BOX

- 1 I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.
- 2 I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. **WARNING: ODOMETER DISCREPANCY**

Transferor's Signature: *Joseph A. Thomas* Transferor's Printed Name: **JOSEPH A THOMAS**

Co Transferor's Signature: _____ Co Transferor's Printed Name: _____

Transferor's Street Address: **501 PENNSYLVANIA AVE** City: **FT LAUDERDALE** State: **FL** Zip: **33312**

Transferor's Signature: *J. Stephenson* Transferor's Printed Name: **J. STEPHENSON**

Transferor's Dealership Name: **GUNTHER V.W., INC.** Dealer License No: **VF537**

Business Address: **1660 S STATE ROAD 7** City: **FT. LAUDERDALE** State: **FL** Zip: **33317**

PART B TRANSFEREE (BUYER) IN POWER OF ATTORNEY TO REVIEW TITLE DOCUMENTS AND ACKNOWLEDGE DISCLOSURE (Part B is invalid unless Part A has been completed)

Wife _____ (Transferor's Name Print) _____ (Transferor's Name Print)
apport _____

By my/our attorney in fact for the purpose and with full authority to apply for title and/or registration to file a lien and to sign the mileage disclosure on the title for the vehicle described above only if the disclosure is exactly as the disclosure completed below. **WARNING:** Federal law and State law require that you state the mileage in connection with transfer of ownership. Providing a false statement may result in fines or imprisonment.

I STATE THAT THIS MOTOR VEHICLE'S 5 DIGIT OR 6 DIGIT ODOMETER NOW READS **03058300A** (NO TENTHS) MILES DATE READ _____ AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED.

CAUTION
READ CAREFULLY
BEFORE YOU
CHECK A BOX

- 1 I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.
- 2 I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. **WARNING: ODOMETER DISCREPANCY**

Transferor's Signature: *03058300A* Transferor's Printed Name: _____

Street Address: **AGI INT. BERBAHALJAT** City: _____ State: _____ Zip: _____

Transferor's Signature: _____ Transferor's Printed Name: _____

Co Transferor's Signature: _____ Co Transferor's Printed Name: _____

Transferor's Name: _____ (Print Name of Business/Company) Street Address: _____

City: _____ State: _____ Zip: _____

PART C CERTIFICATION BY ATTORNEY IN FACT (Mileage Discrepancies Void Powers of Attorney)

I, **J. Stephenson** hereby certify that the mileage I have disclosed in the title document is consistent with that provided to me in the above powers of attorney. Further, upon examination of the title and any reassignment documents for the vehicle described above, the mileage disclosure I have made on the title pursuant to the power of attorney is greater than that previously stated on the title reassignment documents. This certificate is not intended to create nor does it create any new or additional liability under Federal or State law.

Signature: *J. Stephenson* Date: **4/12/99** Printed Name: **J. Stephenson**

Street Address: **1660 S STATE ROAD 7** City: **FT. LAUDERDALE** State: **FL** Zip: **33317**

DMV COPY (WITH TITLE)

NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT

HSMV 82004 REV (10/95)S

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building Tallahassee 32399 0500
MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT
(Instructions on Reverse Side)

For use by licensed MOTOR VEHICLE DEALERS AUCTION DEALERS and THEIR BUYERS ONLY

This reassignment is supplement to Title No 65259112 State of Issue FL
 Manufacturer's Statement or Certificate of Origin

VEHICLE DESCRIPTION

Vehicle Identification Number 1N4BU31E4PC166621 Year 93 Make NISSAN Model ALTIMA Body 4DR

REASSIGNMENT INFORMATION

Name of Selling Dealer (Print) A J STONER & SON AUTO SALES Dealer License Number 11226395 State of License FL
Street Address 6231 PENROCK RD City JACKSONVILLE State FL Zip Code 32023
Sales Tax Collected 490 Sales Tax Reg No (Sales Tax information is not required on dealer to dealer transactions) 160031152523

Buyer's Name(s) _____ Date of Sale 9/27/99
Zip Code _____
Auction Name (if applicable) _____
Street Address _____ City _____ State _____ Zip Code _____

ODOMETER DISCLOSURE STATEMENT

WARNING: FEDERAL AND STATE LAW REQUIRE THAT YOU STATE THE ODOMETER MILEAGE IN CONNECTION WITH TRANSFER OF OWNERSHIP FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT

I STATE THAT THIS MOTOR VEHICLE'S 5 OR 6 DIGIT ODOMETER NOW READS (NO TENTHS) MILES
DATE READ 9-27-99 AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED.

CAUTION DO NOT CHECK IF ODOMETER READING IS IN EXCESS OF ITS MECHANICAL LIMITS. I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING REFLECTS THE AMOUNT OF THE MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.
 MILEAGE IS NOT THE ACTUAL MILEAGE. I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE.
WARNING - ODOMETER DISCREPANCY

SELLER AFFIRMS, UNDER PENALTY OF PERJURY, THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE

Dealer's Agent Printed Name (Selling Dealer) A J STONER & SON AUTO SALES INC Dealer's Agent Signature _____
Printed Signature (2) Acknowledges Receipt of Statement

STATE OF FLORIDA

LIEN SATISFACTION

NONE

LIEN 1ST LIEN RELEASE 2ND LIEN BY Rene Walker TITLE TPA DATE 4-6-99

IDENTIFICATION NUMBER 1N48U31F4PC166621	VIN 93	MAKE NISS	MODEL	BODY 4D	WT L BRP	TITLE NUMBER 65259112
REGISTERED OWNER (LAST NAME FIRST) THOMAS JOSEPH -					DATE OF ISSUE 08/09/95	
301 PENNSYLVANIA AVE FT LAUD FL 33312-1838						

1ST NMAC
PO BOX 660368
DALLAS TX 75266-0368

07/14/95

|||||

ADDITIONAL LIENS

CERTIFICATE OF TITLE

FACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN. THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE.

IDENTIFICATION NUMBER 1N48U31F4PC166621	VIN 93	MAKE NISS	MODEL	BODY 4D	WT L BRP	TITLE NUMBER 65259112
ODOMETER DATE READ 34743 07/14/95	REG REG FL	COLOR GLD	TYPE	USE	DVT	PREV ISSUE DATE 07/13/93

REMARKS
ODOMETED - ACTUAL MILEAGE

REGISTERED OWNER (LAST NAME FIRST)
THOMAS JOSEPH -
501 PENNSYLVANIA AVE
FT LAUD FL 33312-1838

08/09/95
0124193

1ST LIENHOLDER DATE
NMAC 7/14/95

PO BOX 660368
DALLAS TX 75266-0368

2ND LIENHOLDER DATE

NONE
0005 8 0 2114

OFFICE OF REVENUE
TALLAHASSEE
DIRECTOR

TALLAHASSEE FLORIDA



ADDITIONAL LIENS
DEPARTMENT OF HIGHWAY SAFETY
AND MOTOR VEHICLES

Fred D. Johnson III
EXECUTIVE DIRECTOR

CONTROL NUMBER **A23198561**

LIEN 1ST LIEN RELEASE 2ND LIEN

INTEREST IN THIS MOTOR VEHICLE IS HELD BY
BY Rene Walker DATE 4-6-99

TRANSFER OF TITLE BY SELLER
Selling Party's Signature: Joseph Thomas by the person

Purchaser: Guadalupe V. Inc Address: _____

When sold for the original owner each 97 548 (No Transfer) Selling Price \$ _____ Date Sold 3/24/99

CAUTION DO NOT CHECK BOX IF ACTUAL MILEAGE
I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of 100 miles of the motor vehicle at the time of sale.

Signature of Purchaser: [Signature] Printed Name of Purchaser: L. G. [Signature]

Co-Purchaser: _____ Co-Seller: _____

Co-Seller: _____ (When Applicable) Tax No. _____ Tax Collected \$ _____

(Auto Description)

(Serial No.)

I/We understand that I/We are required to purchase, maintain, and continue broad form insurance protecting the above described property against risk of physical loss due to fire, theft, and collision for the term of the contract. I fully agree that failure to provide, and maintain such insurance gives the bank at its sole discretion, the right to declare the entire unpaid balance of my loan immediately due and payable or to purchase in my behalf single or dual interest insurance protection and add the cost of the premium plus interest to the balance of my loan.

NAME _____

[Signature]
Customer Signature

ADDRESS _____

Miami, Florida

Customer Signature

INSURANCE COMPANY _____

Amer Assurance Ins

AGENCY NAME _____

Christine

ADDRESS _____

1400 Lombardi Ave # 700 Colenby FL 33130

TELEPHONE No. _____

1800-535-2001

POLICY No. _____

00489323-01-09027

COVERAGES: COMPREHENSIVE 500 DED. EFFECTIVE DATE

FROM 7/1/95 TO 7/1/96

COLLISION 500 DED.

This will certify that I have verified coverages as listed above for purposes of insuring the Collateral for a loan to the above signed individuals.

Salesman's Signature _____

Dealership _____

AFFIDAVIT

Under penalty of perjury, I _____

(Name of insured)

I hereby certify that I have:

Florida Personal Injury Protection, or _____ Liability

Insurance currently in effect with _____

(Name of Insurance Company)

under _____

(Policy Number)

covering _____ (Make and Year of vehicle)

Sworn to and Subscribed before me

this _____ day of _____, 19 _____



NOTARY PUBLIC

SEAL

PROVIDING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.

VOID IF MILTERED

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
3901 North US Highway, Tallahassee, FL 32309-0000
Phone: (904) 492-2000

POWER OF ATTORNEY
MOTOR VEHICLE OR MOBILE HOME
MOTOR NUMBER ALL STATES THROUGH 1997. EXPIRATION NUMBER HAS LATER
EXPIRATION NUMBER THAN THIS

IDENTIFICATION
DATE: 07/14/95
REGISTRATION NUMBER: 1A00194PC166521
VIN: 91
MAKE: NISSAN
BODY: 4DR
TITLE NUMBER: 65289112
NOTICE TO OWNER: PLEASE COMPLETE FORM PRIOR TO SIGNING

AGENCY NAME AND ADDRESS: 11 Atlantic
TYPE OR PRINT NAME

TO BE MY LAWFUL ATTORNEY IN
ACT TO ACT FOR ME AND APPLY FOR A CERTIFICATE ON DUPLICATE CERTIFICATE OF TITLE OR REGISTRATION TRANSPORT TITLE TO THE MOTOR VEHICLE DESCRIBED ABOVE AND TO SIGN MY NAME AND DO ALL THINGS NECESSARY TO THIS APPOINTMENT INCLUDING IMPORTANCE TO FILE A NOTE OF LIEN FOR THE PURPOSE OF NOTING SAME ON THE TITLE CERTIFICATE FOR THIS VEHICLE PURSUANT TO SECTION 319.27, FLORIDA STATUTES.

SIGNATURE OF OWNER: Joseph Deems
OWNER'S NAME: JOSEPH DEEMS
TYPE OR PRINT NAME

SIGNATURE OF AGENT: [Signature]
AGENT'S NAME: [Name]
TYPE OR PRINT NAME

RESIDENCE OR OFFICE: 501 PENNSYLVANIA AVE
CITY: LAUDERDALE
STATE: FL 33312
COUNTY: DADE

DATE: 07/14/95
SIGNATURE OF AGENT: [Signature]
AGENT'S NAME: [Name]
TYPE OR PRINT NAME



Print Type or Name of Agency
Notary Public or Agent Signature
Notary Seal

do hereby certify that I have
Personal Injury Protection, or
Insurance currently in effect with
under
MOTOR VEHICLES
DEPT. OF HIGHWAY SAFETY AND
WILLIAM T. JOYCE, DIRECTOR
DIVISION OF MOTOR VEHICLES
DATE AND YEAR OF VEHICLE: _____
COVERING _____
(SIGNATURE OF INSURED)
NOTARY PUBLIC of the Motor Vehicle Section
of the Department of Highway Safety and
Florida Law, ACTION CIVING THIS PRODUCTION
IN ORDER TO OBTAIN A VEHICLE REGISTRATION
CERTIFICATE WITH A FINAL
SEAL

VE10201 JOSEPH MAN MURRAY 1910 1910 1910

James J. JOSEPH

Jacob Thomas JOSEPH

Bruce JOSEPH

John JOSEPH

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STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirtman Building - Tallahassee, FL 32307-0000

APPLICATION FOR CERTIFICATE OF TITLE AND/OR VEHICLE REGISTRATION
(Instructions on Reverse Side)

OWNER/APPLICANT IDENTIFICATION

Owner's Name JOSEPH	Date of Birth 09/22/54	Pin. Driver License Number T52U-481-64-342
Address 2550 E. STEVENS AVE	City FT LAUDERDALE	State FL

VEHICLE DESCRIPTION

Vehicle Identification Number 1N3BD31F4CT66621	Year 1993	Make NISSAN	Model ALTRA	Body 4DR SDN	Color 45259112
Weight 1877	Length 2172	Wheelbase 105	Engine 1800	Drive FRONT	Transmission 7-13-93

VEHICLE STATUS AND USAGE

Check Applicable Boxes
 Vehicle has been REBUILT
 Vehicle has been or will be used as a TAXI CAB
 Vehicle has been or will be used as a POLICE VEHICLE
 Private Use

LIENHOLDER INFORMATION

Address P.O. BOX 660358	City DALLAS	State TX	Zip 75266-0358
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I understand that the Department will send this to the owner, check box and courtship. If not checked, title will be mailed to the first lienholder.

ODOMETER DECLARATION

NOTICE: Please note in the mileage as it appears on your vehicle records. If you have the mileage in excess of 100,000 miles, you must attach a Certificate of Title. Providing a false statement may result in fines or imprisonment.

I STATE THAT THE ODOMETER NOW READS **01195** (see Tenth) MILES. DATE READ **07/14/95** AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED:

IN EXCESS OF ITS MECHANICAL LIMITS, I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.

NOT THE ACTUAL MILEAGE, I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE.

WARNING - ODOMETER DISCREPANCY

TRANSFER TYPE

OTHER
 CHANGED HAS TRANSFERRED, NOW WAS VEHICLE ACQUIRED?
 SALE
 GIFT
 REPOSSESSION
 COURT ORDER
 DOCUMENTATION MUST BE ATTACHED
 DATE ACQUIRED **07/14/95**
 NEW
 USED

REPOSSESSION CERTIFICATIONS

I CERTIFY THAT THE VEHICLE WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE SECURITY AGREEMENT. A CERTIFIED COPY OF THE SECURITY AGREEMENT IS ATTACHED TO THIS APPLICATION, AND (2) THE VEHICLE IS NOW IN MY POSSESSION.
 I CERTIFY THAT THE SALES CONTRACT FOR THE IDENTIFIED VEHICLE WAS PURCHASED ON CASH.

NON-USE AND OTHER CERTIFICATIONS

I CERTIFY THAT THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE.
 I CERTIFY THAT THE VEHICLE IS NOT A TAXI.

DEALER VEHICLE SALES TAX REPORT

Vehicle Identification Number 1N3BD31F4CT66621	Date 07/14/95	Amount of Tax 654.03	Signature <i>[Signature]</i>
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NOTARIZATION

IN COMBINATION OF THE FORBIDDEN AND THE ATTACHED EVIDENCE OF MY OWNERSHIP OF THE MOTOR VEHICLE OR MOBILE HOME DESCRIBED ABOVE, I HEREBY REQUEST THAT THE CERTIFICATE OF TITLE BE TRANSFERRED TO MY NAME AS THE HEIR OR SUCCESSOR OF THE PREVIOUS OWNER, THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED MOTOR VEHICLE OR MOBILE HOME AND THAT ALL OF THE PERSONS MENTIONED IN THIS APPLICATION ARE THE LEGAL OWNERS OF THE SAME, INCLUDING AS I HEREBY AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

SIGNATURE OF APPLICANT (Owner)
[Signature]

NOTARY PUBLIC
STATE OF FLORIDA
[Signature]

STATE OF FLORIDA
BUREAU FOR REGISTRATION OF TITLES AND OF
VEHICLE REGISTRATION AND
MOTOR VEHICLE SALES AND USE TAX REPORT

[REDACTED]
[REDACTED]
[REDACTED]

00330 3 04 0 74.85 17.81 07/07/93

07/07/93

NYE03G

INSTRUMENT NO. 164621 93 2874 07

1420 SW 84TH CT LSE MARILYN GAMBOA
MIAMI FL 33144

NO FL DL NO FL DL

SALES TAX TOTAL 74.85

ODT #1

65259112.4

1 #
27 #
502 #
NYE03B
008112
#0
PREV 155
00330

ORIGINAL - NEW

000012 06/12/93 A-ACTUAL MILEAGE

DATE OF NEW 06/12/93

75246

75246

REPLACEMENT TAG/DICAL

THE OFFICE HAS APPROVED THIS TAG/DICAL AND HAS BEEN ADVISED THAT THE INFORMATION HEREON IS TRUE AND CORRECT AND NO FURTHER ACTION IS REQUIRED.

REGISTRATION FEE 0.00

SALES TAX 74.85

SALES TAX 74.85

REGISTRATION FEE 0.00

000012 06/12/93 A-ACTUAL MILEAGE

000012 06/12/93 A-ACTUAL MILEAGE

TAH LAHSSSE FLORIDA

000012 06/12/93 A-ACTUAL MILEAGE

000012 06/12/93 A-ACTUAL MILEAGE

000012 06/12/93 A-ACTUAL MILEAGE

000012 06/12/93 A-ACTUAL MILEAGE

000012 06/12/93 A-ACTUAL MILEAGE

FD-1004 (Rev. 11/22/80)

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Hall Kirkman Building - Tallahassee, 32308-0800
MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT

(Instructions on Reverse Side)

For use by licensed MOTOR VEHICLE DEALERS, AUCTION DEALERS and THEIR BUYERS ONLY

This Reassignment is supplement to: Title No. _____ State of Issue _____
 Manufacturer's Statement or Certificate of Origin

VEHICLE DESCRIPTION

Vehicle Identification Number	Year	Make	Model	Body
LM4BU31F4PC166621	93	NISS	ALTI	4DR

REASSIGNMENT INFORMATION

Name of Selling Dealer (Print)	Dealer License Number	State of License
L.F. EVANS MOTORS	VF1045	FLORIDA
Street Address	City	State
3345 S.W. 8TH ST	MIAMI	FLA
Zip Code	Sales Tax Reg. No. (Sales Tax information is not required on dealer to dealer transactions)	
33135	23-08-046769-23	

Name of Buyer	Buyer License Number	State of License
H.N.A.C.	LEE- MARILYN GEMBOA	FLORIDA
Street Address	City	State
1420 S.W. 84TH CT	MIAMI	FLA
Zip Code	Auction License Number	State of License
33146		
Street Address	City	State

ODOMETER DISCLOSURE STATEMENT

WARNING: FEDERAL AND STATE LAW REQUIRES THAT YOU STATE THE ODOMETER MILEAGE IN CONNECTION WITH TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

I HEREBY STATE THAT THE ODOMETER NOW READS (NO TENTHS) MILES, DATE READ 06/12/93 AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED ON THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED:

1. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.
2. I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE, BECAUSE: ODOMETER DISCREPANCY
- SELLER AFFIRMS, UNDER PENALTY OF PERJURY, THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE.

Seller's Signature (1) Acknowledges Transfer of Vehicle	Buyer's Signature (2) Acknowledges Receipt of Statement		
<i>William T. Joyce</i>	<i>Marilyn Gemboa</i>		
Seller's Printed Name (1) Last, First, Full Middle or Maiden	Buyer's Printed Name (2) Last, First, Full Middle or Maiden		
WILLIAM T. JOYCE	LEE- MARILYN GEMBOA		
Street Address	City	State	Zip Code
1420 S.W. 84TH CT	MIAMI	FLA	33146

NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS REASSIGNMENT AND ALL ASSIGNMENTS THAT FOLLOW.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Notary Public Building - Tallahassee, FL 32304-0000

APPLICATION FOR CERTIFICATE OF TITLE AND/OR VEHICLE REGISTRATION

OWNER / APPLICANT IDENTIFICATION

NAME OF APPLICANT (Last, First, Middle Initial) MARTIN CANSA	Date of Birth 06-30-93	Sex M	Pin. Driver License Number
Address (Street, City, State, Zip) 1420 S. W. 84TH CT MIAMI FL 33143	City MIAMI	State FL	Zip 33143

NOTE: When just conveying, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued "and".

VEHICLE DESCRIPTION

Vehicle Identification Number 1N4BU31F4PC168621	Year 93	Make HISS	Model ALTI	Color GRY	Weight 1500
Previous State of Issue	Tag Number	DMV Use	Height	Length	SPRCD

VEHICLE STATUS AND USAGE

Vehicle is a LEASED vehicle (Check Applicable Boxes) Vehicle has been REBUILT
 Vehicle has been or will be used as a POLICE VEHICLE Private Use Vehicle has been or will be used as a TAXI Cab

LIENHOLDER INFORMATION

Liens P.O. BOX 660368	Date of Lien 06.12.93	Lienholder Name N.M.A.C.	City DALLAS TX	Zip 75266-0368
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If Lienholder authorizes the Department to send title to the owner, check box and court sign. If box above is not checked, title will be mailed to the first lienholder. Signature of Lienholder's Representative

ODOMETER DECLARATION

WARNING: Florida law requires that you state the mileage in connection with an application for a Certificate of Title. Providing a false statement may result in fines or imprisonment.

I STATE THAT THE ODOMETER NOW READS (no Tens) MILES, DATE READ AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED.

1. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE OR EXCESS OF ITS MECHANICAL LIMITS.

2. I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY

TRANSFER TYPE

IF OWNERSHIP HAS TRANSFERRED, HOW WAS VEHICLE ACQUIRED? SALE GIFT REPOSESSION COURT ORDER
 OTHER DOCUMENTATION MUST BE ATTACHED DATE ACQUIRED **06/12/1993** NEW USED

REPOSESSION CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

I CERTIFY THAT (1) THIS VEHICLE WAS REPOSESSED UPON DEFAULT IN THE TERMS OF THE SECURITY AGREEMENT, A COPY OF WHICH IS ATTACHED TO THIS APPLICATION, AND (2) THE VEHICLE IS NOW IN MY POSSESSION.

I CERTIFY THAT THE SALES CONTRACT FOR THE IDENTIFIED VEHICLE WAS PURCHASED ON (Date) _____ FROM _____

NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

I CERTIFY THAT THE VEHICLE DESCRIBED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE.

I CERTIFY THAT _____ **TALLAHASSEE, FLORIDA**

APPLICATION & ATTESTMENT SIGNATURES AND NOTARIZATION

IN CONSIDERATION OF THE FOREGOING AND THE ATTACHED EVIDENCE OF MY/OUR OWNERSHIP OF THE MOTOR VEHICLE OR MOBILE HOME DESCRIBED ABOVE, I/WE REQUEST THAT THE CERTIFICATE OF TITLE BE TRANSFERRED TO MY/OUR NAME(S). I/WE HEREBY SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED MOTOR VEHICLE OR MOBILE HOME AND AFFIRM UNDER PENALTY OF PERJURY THAT ALL OF THE FOREGOING INFORMATION IS TRUE AND CORRECT. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

SIGNATURE OF APPLICANT (Owner) _____ SIGNATURE OF APPLICANT (Co-Owner) _____

Notary Public Building - Tallahassee, FL 32304-0000
DIVISION OF MOTOR VEHICLES
DEPT. OF HIGHWAY SAFETY AND MOTOR VEHICLES



Stamp: Type or Stamp Governmental Agency of Motor Vehicle (City, County, State) OR Previous Identification (Type of Identification) (County, State)
DEALER VEHICLE SALES TAX REPORT

Dealer License Number 540178	Vehicle ID Number 25406-06-8965-923	Date of Sale 06/12/1993	Amount of Tax
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This is good insurance to have



GAP DEBT CANCELLATION WAIVER AGREEMENT

GAP PLUS OPTION

CUSTOMER (BORROWER/LESSEE) INFORMATION

LAST NAME _____
 STREET _____
 CITY _____
 HOME PHONE _____

COVERED VEHICLE INFORMATION

MANUFACTURER NISSAN MODEL ALTIMA YEAR 93
 VEHICLE ID NUMBER 1N4BU31F4PC166621
 CHARGE TO CUSTOMER FOR DEFICIENCY WAIVER ADDENDUM \$ 125.00 ORIGINAL DATE OF CONTRACT 9/27/99
 INSTALLMENT SALES AMOUNT FINANCED 8192.30 NEW VEHICLE USED VEHICLE
 CONTRACT/LOAN LEASE LEASECAP \$ 8192.30 TERM (IN MONTHS) 42

DEALER INFORMATION

DEALER # _____ DEALERSHIP A. J. SINGH & SON AUTO SALES
 STREET ADDRESS 6231 PEMBROKE RD
 CITY HOLLYWOOD STATE FL ZIP CODE 33023

LENDER / LESSOR INFORMATION

LENDER / LESSOR ALLSTATE FINANCE INC. INSTALLMENT SALES CONTRACT / LOAN / LEASE ACCT# _____
 STREET ADDRESS 1915 N. DALE MARRY #300
 CITY TAMPA STATE FL ZIP CODE 33607

This GAP Debt Cancellation Agreement (hereinafter called the Agreement) is entered into by and between the auto dealer or financial institution which is the named entity issuing this Agreement (hereinafter called the SELLER) and the Buyer of this Agreement named above.

The Buyer has read this addendum in its entirety, including the reverse, and fully understands its contents and acknowledges receipt of a copy thereof. Buyer further understands that this Addendum is not required in order to obtain financing or to purchase the vehicle. You acknowledge that your participation in this GAP Program is voluntary and not a condition of the installment sale contract/loan/lease. You also acknowledge that if you decide to cancel within sixty (60) days from the date of sale/lease you will receive full reimbursement of enrollment charges.

This Agreement is between the Buyer and the SELLER. Assignments and transfers of any of the Agreement terms or benefits by the Buyer will not be valid without the written consent of the SELLER. This Agreement contains specific rights, duties and obligations for both the SELLER and the Buyer so please read this Agreement carefully. All the information contained in the application for this Agreement, signed by the Buyer and submitted to the SELLER shall be incorporated in and made part of this Agreement by this reference.

DATE 9/27/99 CUSTOMER'S SIGNATURE _____ DEALER'S SIGNATURE _____

DECLINATION OF WAIVER AGREEMENT

I DO NOT CHOOSE TO PURCHASE THE WAIVER AGREEMENT. I UNDERSTAND THAT BY NOT ACCEPTING THE WAIVER AGREEMENT, I AM NOT ENTITLED TO ANY OF THE BENEFITS IN THE EVENT OF A TOTAL LOSS OF THE VEHICLE.

DATE _____ CUSTOMER'S SIGNATURE _____ DEALER'S SIGNATURE _____

CLASSIC GAP
 2846 GULF TO BAY BLVD, SUITE 244
 CLEARWATER, FL 34759
 (727) 796-3338

NIU 3497

STATE MEATLERS & BAKERS
1483 SOUTH STATE ROAD 7
HOLLYWOOD, FL 33023
PHONE # (954) 989-1818

THU DEC. 02, 1999 04:55:23

SALE

RECORD # 2
TICKET NO

TYPE ACCOUNT# EXP
VS 44380425557292 8702

AMOUNT OF SALE \$100.00

X APPROVAL 002990

THANK YOU
HAVE A NICE DAY
TOP COPY MERCHANT BOTTOM COPY CUSTOMER

STATE MEATLERS & BAKERS
1483 SOUTH STATE ROAD 7
HOLLYWOOD, FL 33023
PHONE # (954) 989-1818

THU DEC. 02, 1999 04:52:19

SALE

RECORD # 1
TICKET NO

TYPE ACCOUNT# EXP
VS 44380425557292 1801

AMOUNT OF SALE \$75.00

X APPROVAL 002990

THANK YOU
HAVE A NICE DAY
TOP COPY MERCHANT BOTTOM COPY CUSTOMER

STATE MEATLERS & BAKERS
1483 SOUTH STATE ROAD 7
HOLLYWOOD, FL 33023
PHONE # (954) 989-1818

THU DEC. 02, 1999 04:56:29

SALE

RECORD # 3
TICKET NO

TYPE ACCOUNT# EXP
VS 44380425557292 1801

AMOUNT OF SALE \$50.00

X APPROVAL 792618

THANK YOU
HAVE A NICE DAY
TOP COPY MERCHANT BOTTOM COPY CUSTOMER

ACE AUTO AIR CAR CARE CENTERS



5831 JOHNSON STREET
 HOLLYWOOD, FL 33021
 (954) 966-9200
 Complete Automotive Repair



46199

NAME: WALTER ADDRESS: 18155 9th St NW

CITY: ALBUQUERQUE STATE: NM ZIP: 87111

PHONE: 505-268-3994

VEHICLE MAKE: BUICK MODEL: Wildcat YEAR: 93

ESTIMATED SERVICE TIME: 1.5 HOURS

ESTIMATED COST OF REPAIR: \$425.99

TECHNICIAN: AL VISA

PHONE: 505-268-3994

DATE: 11/1/93

TIME: 10:55 AM

VEHICLE COLOR: Black

VEHICLE TYPE: Van

VEHICLE REGISTRATION: 465945

VEHICLE LICENSE: 465945

VEHICLE VIN: 1G4R331F9R16462

VEHICLE MAKE/MODEL: BUICK Wildcat

VEHICLE YEAR: 93

VEHICLE COLOR: Black

VEHICLE TYPE: Van

VEHICLE REGISTRATION: 465945

VEHICLE LICENSE: 465945

ESTIMATED SERVICE DATE

ADDITIONAL PARTS ON BACK

TOTAL PAID

SUBLET REPAIRS

ADDITIONAL SUBJECT OF REPAIRS

PLEASE READ CAREFULLY CHECK ONE OF THE STATEMENTS BELOW AND SIGN

1. I HAVE READ THE ESTIMATE AND I AGREE TO THE WORK AND COSTS ESTIMATED.

2. I HAVE READ THE ESTIMATE AND I AGREE TO THE WORK AND COSTS ESTIMATED. I HAVE BEEN ADVISED THAT THE WORK IS NOT GUARANTEED.

3. I HAVE READ THE ESTIMATE AND I AGREE TO THE WORK AND COSTS ESTIMATED. I HAVE BEEN ADVISED THAT THE WORK IS NOT GUARANTEED AND THAT I WILL BE RESPONSIBLE FOR THE COST OF THE WORK.

4. I HAVE READ THE ESTIMATE AND I AGREE TO THE WORK AND COSTS ESTIMATED. I HAVE BEEN ADVISED THAT THE WORK IS NOT GUARANTEED AND THAT I WILL BE RESPONSIBLE FOR THE COST OF THE WORK.

FLAT RATE HOURLY RATE BOTH ABOVE

PER ABOVE

CHARGE OR CO. PAYMENT - CASH OR CO.

RETURN REPLACED PARTS

YES NO

NO

QUANTITY LITERS ALTERNATE WORK AUTHORIZED ESTIMATED COST OF REPAIR

PHONE

PARADE OF TIME

PHONE

PHONE

PHONE

PHONE

The National Automobile Appraisers Association is the only organization which may be offered by the manufacturer. We hereby expressly disclaim all responsibility for any loss or damage to the vehicle or any other property of the customer. The customer is responsible for the safety of the vehicle and any other property of the customer. The customer is responsible for the safety of the vehicle and any other property of the customer. The customer is responsible for the safety of the vehicle and any other property of the customer.

Lic #60082

This is your CUSTOMER CONTRACT NUMBER. Please use this number in any phone or written communication.

12 027300

YOUR CONTRACT NUMBER YOUR CONTRACT PLAN CODE SELLING DEALER CODE LOCAL AGENT CODE

CONTRACT HOLDER (You, Your):

CONTRACT HOLDER ADDRESS: (Customer Phone:)

DESCRIPTION OF YOUR CAR:

YEAR	MAKE	MODEL	VEHICLE ID NUMBER	CHARGE	DEDUCTIBLE	VEHICLE CODE
93	NISSAN	ALTIMA	1N4BU31F4PC166			

VEHICLE CLASS

TERM

Months/Year

Amount

24 MOS

24,000

- OPEN END
- TIRE
- TUBE/VALVE
- BLEND
- WAX

COVERAGE TERM (Change Agent)

9/27/99

79,510

DEALER/LESSOR:

A.J. SINGH & SON AUTO SALES INC
ADDRESS 6331 PEMBROKE RD HOLLYWOOD

LIENHOLDER:

ALLSTATE FINANCE INC
1915 N. DALE HARRY #300

DEALER PHONE NUMBER 954.894.4800

CONTRACT HOLDER SIGNATURE

AUTHORIZED DEALER SIGNATURE

AUTHORIZED DEALER NAME A.J. SINGH

Distribution: White - Administrator (Master), Green - Dealer, Copy; Pink - Lienholder Copy; Gold/Red - Customer Copy

1706000196 Rev 11/96

FOLD HERE

The obligations of the provider under this service contract are guaranteed by an insurance policy issued by New Hampshire Insurance Company or other Member Companies of American International Group, Inc., Executive Offices at 70 Pine Street, New York, NY 10270. Should Warrantech Automotive or Florida, Inc. fail to pay a covered claim within sixty (60) days after proof of loss has been filed, you may file a claim directly with the Insurance Company at its Administrative Offices, 70 Pine Street, New York, N.Y. 10270. Please call 800-723-1745 for instructions.

CANCELLATION OF VEHICLE SERVICE CONTRACT: This contract may be cancelled by You within 60 days of purchase upon written request. We will refund 100 percent of the gross written premium less claims paid and less an administrative fee of 5 percent. If you cancel the contract after 60 days, We will refund 90 percent of the unearned pro rata premium. If We cancel the contract, We will return 100 percent of the unearned pro rata premium. After the contract has been in effect for more than 60 days, We may only cancel for material misrepresentation, failure to maintain the motor vehicle as prescribed by the manufacturer or non-payment of premium, in which case you will be notified of cancellation by certified mail.

Call them to find out if was cancelled or not.

1877. 913. 5291 - eschamtra - 9129