

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 473410 (9)

1. Corporation Name
REGENCY AUTOHAUS, INC.



Principal Place of Business 501 AIRPORT ROAD, SOUTH NAPLES FL 33942	Mailing Address 501 AIRPORT ROAD, SOUTH NAPLES FL 33942
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 34104	29 34104

3. Date Incorporated or Qualified 04/02/1975	
4. FEI Number 59-1580966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEIBIG, WOLFGANG
501 AIRPORT ROAD, SOUTH
501 AIRPORT ROAD, SOUTH
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 34104

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> DELETE
NAME	KROUT, HAROLD E JR
STREET ADDRESS	521-31ST STREET SW
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	LIEBIG, LISELOTTE
STREET ADDRESS	254 GULFSHORE BL. S.
CITY-ST-ZIP	NAPLES FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	LIEBIG, WOLFGANG T
STREET ADDRESS	1301 SPYGLASS LANE
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LIEBIG, GERHARD
STREET ADDRESS	254 GULFSHORE BL. S.
CITY-ST-ZIP	NAPLES FL
TITLE	V <input type="checkbox"/> DELETE
NAME	LIEBIG, THOMAS
STREET ADDRESS	256 GULF SHORE BL. S.
CITY-ST-ZIP	NAPLES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	KOONTZ, RAYMOND W. JR.
STREET ADDRESS	822 99TH AVE N
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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 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 on an attachment with an address _____

SIGNATURE: *Harold E. Krout, Jr.* **HAROLD E. KROUT, JR. SECRETARY 4-27-98 941-243-5001**

CR2E034 (10/97)