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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 03 1998 8:00am Secretary of State

	MENT # F3150 ITOMOTIVE GROUP INC.	7 (9)			
Principal Plac	e of Business	Mailing Address			FIBIL OLDI OFBIL BIBIL QUBL 1091
% ROBERT E		% ROBERT E LEE			
541 MARY ES	STHER CUTOFF	541 MARY ESTHER CUTO			
FT WALTON BEACH FL 32548		FT WALTON BEACH FL 32548		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 04/21/1981	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-2095727	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	8	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country	8. This corporation owes or has paid the	·
24	Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	
l Fi	E, ROBERT E		81 Name		
541 MARY ESTHER CUTOFF			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FT WALTON BEACH FL 32548			83	Too (1.0. Day Harrison to Hay Hood plants)	
			ļ <u></u>		
			84 City	F	B5 Zip Code
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Station familiar with, and accept the obligion	02 and 607.1508, Florida Statute e of Florida Such change was a gations of, Section 607.0505, Flor pations	s, the above-named cor uthorized by the corpora rida Statutes	poration submits this statement for the purposition's board of directors. I heroby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered as		Registered Agent's grature requ	red when reinstating) DAT	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	(
TITLE	SD LEE DODERT E	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEE, ROBERT E 231 MIRACLE STRIP PKWY		1.2 NAME		
STREET ADDRESS	MARY ESTHER, FL 00000		1.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE	DP	☐ DEL E TE	1.4 CTTY - ST - ZIP 2.1 TITLE		Change Addition
NAME	LEE, JOHN M	D outer	2.2 NAME		Onlings 71000001
STREET ADDRESS	3905 INDIAN TRAIL		2 3 STREET ADDRESS		
CHTY-ST-ZIP	DESTIN FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	** <u>*</u> *********************************		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY-ST-7IP		DELETE	4.4 CITY - ST - 7IP		Change Addition
TITLE		[] DETEM	51 TITLE "		Change Addition
NAME STREET ADDRESS			5.2 NAME		
			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		FT STATE	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP			64 CITY-ST-ZIP		
	certify that the information supplied y	vith this filing does not quality for		Section 119.07(3)(i) Florida Statutes, I further	certify that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j). Florida Statutes. I further certify that the information indicated on this annual report of suppliemental 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 pin an attachment with an oddress.

CANATILEE.

3/30/98

850-244-76//