

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

PROFIT
CORPORATION
ANNUAL REPORT

1997 AMENDED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G77785**

1. Corporation Name

Courtesy Auto Group, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 **680 N. Highway 17-92**

Suite, Apt. #, etc.

22

City & State

23 **Longwood, FL**

Zip

24 **32760**

Country

25 **USA**

2a. Mailing Address

26 **110 SE Sixth St.**

Suite, Apt. #, etc.

27

City & State

28 **Ft. Lauderdale, FL**

Zip

29 **33301**

Country

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

1-9-84

3a. Date of Last Report

4. FEI Number

59-23600236

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

83

84 City

Plantation

FL

85 Zip Code

33324

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. Substantiated and 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 607.07, Florida Statutes.

SIGNATURE

Conie Bay

SPECIAL ASSISTANT SECRETARY

10/23/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D. Kimberley Hackett**
STREET ADDRESS **680 N. Highway 17-92**
CITY-ST-ZIP **Longwood, FL 32760**

TITLE ☐ DELETE

NAME **VAS, AT Stephen A. LaZinski**
STREET ADDRESS **680 N. Highway 17-92**
CITY-ST-ZIP **Longwood, FL 32760**

TITLE ☐ DELETE

NAME **James C. Cole**
STREET ADDRESS **110 SE 64th St.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE ☐ DELETE

NAME **Thomas W. Hawkins**
STREET ADDRESS **110 SE 64th St.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE ☐ DELETE

NAME **Kathleen Hyle**
STREET ADDRESS **110 SE 64th St.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE ☐ DELETE

NAME **Samuel Swope**
STREET ADDRESS **680 N. Highway 17-92**
CITY-ST-ZIP **Longwood, FL 32760**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/97

954-713-5200

Date

Daytime Phone #

CR2E034 (9/96)