

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H15869 (1)

1. Corporation Name
SHELLER'S FOREIGN CAR GARAGE, INC.



Principal Place of Business Mailing Address
**C/O PAUL S. SCHELLER, SR.
1324 INDUSTRIAL BLVD
NAPLES FL 33942**

3. Date Incorporated or Qualified **08/09/1984** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2472123** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**SHELLER, ARMIN
1324 INDUSTRIAL BLVD
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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VP	<input checked="" type="checkbox"/>
NAME	SCHELLER, ADMIN	
STREET ADDRESS	1324 INDUSTRIAL BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/>
NAME	SCHELLER, HAROLD	
STREET ADDRESS	1324 INDUSTRIAL BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	SCHELLER, THOMAS	
STREET ADDRESS	1324 INDUSTRIAL BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/>
NAME	SCHELLER, PAUL	
STREET ADDRESS	1324 INDUSTRIAL BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/>
NAME	SCHELLER, ARMIN	
STREET ADDRESS	1324 INDUSTRIAL BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Armin Scheller* **Armin Scheller** 5/6/96 (41) 649 4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)