

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H28413** (3)

1. Corporation Name  
**CORVETTES WEST, INC.**



Principal Place of Business Making Address  
**% THOMAS MOLLER  
6175A CLARK CENTER AVENUE  
SARASOTA FL 34238**

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

3. Date Incorporated or Qualified **11/02/1984** 3a. Date of Last Report **06/19/1995**  
4. FEI Number **59-2464224** 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

9. Name and Address of Current Registered Agent

**MOLLER, THOMAS  
6175A CLARK CENTER AVENUE  
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0102 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS  
[ ] DELETE  
TITLE: **DP**  
NAME: **MOLLER, THOMAS**  
STREET ADDRESS: **6175A CLARK CENTER AVE**  
CITY-STATE-ZIP: **SARASOTA FL**  
[ ] DELETE  
TITLE: **VTS**  
NAME: **MOLLER, DEBORA**  
STREET ADDRESS: **6175 A CLARK CENTER AVE.**  
CITY-STATE-ZIP: **SARASOTA FL**  
[ ] DELETE  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2  
[ ] Change [ ] Addition  
11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY-STATE-ZIP  
15. TITLE  
16. NAME  
17. STREET ADDRESS  
18. CITY-STATE-ZIP  
19. TITLE  
20. NAME  
21. STREET ADDRESS  
22. CITY-STATE-ZIP  
23. TITLE  
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28. NAME  
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47. TITLE  
48. NAME  
49. STREET ADDRESS  
50. CITY-STATE-ZIP  
51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY-STATE-ZIP  
55. TITLE  
56. NAME  
57. STREET ADDRESS  
58. CITY-STATE-ZIP  
59. TITLE  
60. NAME  
61. STREET ADDRESS  
62. CITY-STATE-ZIP

14. I do hereby certify that the information supplied within this filing is a true and correct statement and does not qualify for the exemption listed 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 appointment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **D.P.**

*Mar. 26, 1996.*

CR2E034 (12/95)