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

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L91541

(7)

LORITO AUTO SALES, INC.

:						1184 143) 1185 148		
Principal Plac	e of Business	Mailing Address			1 1881 1991 BIR 1881 11881 BIR 11981 BIR	01811 01911 0	1411 #3831 B1301 4	// <b>1</b> 111 1941
6400 S.E. PINE OGALA FL 3267		6400 S.E. PINE AVE. OCALA FL 32671						
					3. Date Incorporated or Qualified 08/01/1990		ate of Last R 01/1996	leport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
21		26			59-3073744		No	ot Applicable
Sulte, Apt. #, etc. Suite. Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
		City & State	te		6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Added t	
Zip 24	Country 25	Z(p)	Count	ry .	8. This corporation has liability for Florida Statutes	intangible ☑Yes		199.032
	9. Name and Address of Curren		1		10. Name and Address of New Re			
GILL	, RAY S., P.A.		8	1 Name				
613	S. E. FT. KING STREET		8	2 Street Add	fress (P.O. Box Number is Not Accepte	ble)		
UCA	LA FL 32871		8	3	<del></del>			
			8	4 City			<b>85</b> Zip (	Code
<del></del>				<u> </u>		FL	_ 1   '	
office or ragent. I a					poration submits this statement for the attention's board of directors. I hereby acce		ooinlment as	registered
12.	Signature, typed or printed name of registered age OFFICERS AN		[ 13,	gent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFI	DATE OF DO AN	D DIDECTOR	OC INI 10
TITLE	D	DELETE	1.1 101.9		ADDITIONO/OHANGES TO OFFT	OLIIO AN	Change	Addition
NAME	LORITO, JOHN G.		1,2 NAM	(				
STREET ADDRESS	6400 SE PINE AVE.		1.3 STRE	et address				1
CITY-ST-ZIP	OCALA FL		1.4 011 Y	S1-ZIP				i
TITLE	0	☐ DELETE	21711(6		1.	···	Change	Addition
NAME	LORITO, JACQUELINE ANN		2.2 NAM	: )	···			j
STREET ADDRESS	8400 SE PINE AVE.		2.3 STHE	ET ADDRESS				ļ
CITY-ST-ZIP	OCALA FL		2.4011	- S1 - ZIP				
TITLE		DELETE	3.1 11111	i			Change	Addition
NAME			3.2 NAM	Į.				
STREET ADDRESS				ET ADDRESS				}
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE				Change	L Addition
NAME	<del> </del>	בן טננוונ	4.1 111Ct	ſ			L_1 change	Monitoli
STREET ADDRESS				E1 ADORESS				ļ
CITY-ST-ZIP			4.3 STN 4.4 CITY					
TITLE	<del> </del>	DELETE	5.11018				Change	Addition
NAME			5.2 NAM				-	_
STREET ADDRESS			5.3 STRE	ET ADDRESS				1
CITY-ST-ZIP			5.4 CITY	S1 - ZIP			_	
TITLE	]	☐ DELETE	6.1 11118				☐ Change	Addition
NAME			6.2 NAM	ī				ļ
STREET ADDRESS			63 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	- S1 - ZIP				

ipplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rt or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made undor oath; that for or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ed, or on an attriction with an address,

352-629-3234

**FILED** 

Apr 24 1997 8:00am

Secretary of State