

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90121 047 ***150.00

DOCUMENT # **P93000078260**

1. Corporation Name

THE BETTER BODY SHOP & USED CAR FACTORY, INC.

Principal Place of Business

**501 AIRPORT ROAD SOUTH
NAPLES FL 34104
US**

Mailing Address

**501 AIRPORT ROAD SOUTH
NAPLES FL 34104
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1993

4. FEI Number

65-0450634

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LIEBIG, WOLFGANG
501 AIRPORT RD., SOUTH
NAPLES FL 34104**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE **PD** ☐ DELETE
NAME **LIEBIG, THOMAS**
STREET ADDRESS **254 GULF SHORE BLVD. SOUTH**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **VD** ☐ DELETE
NAME **LIEBIG, WOLFGANG**
STREET ADDRESS **1301 SPYGLASS LANE**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **T** ☒ DELETE
NAME **ROSSIELLO, NICHOLAS A**
STREET ADDRESS **1761 45TH ST. SW**
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☐ DELETE
NAME **KROUT, HAROLD E JR.**
STREET ADDRESS **521 31ST STREET SW**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SCHMIDT, JAMES M**
3.3 STREET ADDRESS **2285 CAPRI CT**
3.4 CITY-ST-ZIP **NAPLES, FL 34105**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

HAROLD E. KROUT JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

430-99
Date

941-643-5006
Daytime Phone #

CR2E034 (11/98)

0462955