

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000051302 (5)**

1. Corporation Name  
**UTOPIA AUTO SALES & SERVICE, INC.**



Principal Place of Business: **3318 LINCOLN BOULEVARD FT. MYERS FL 33916**  
Mailing Address: **3318 LINCOLN BOULEVARD FT. MYERS FL 33916**

3. Date Incorporated or Qualified: **07/12/1994**  
3a. Date of Last Report: **08/25/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number <b>59-2843097</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent

**SMITH, HORACE  
3318 LINCOLN BOULEVARD  
FT. MYERS FL 33916**

10. Name and Address of New Registered Agent

81 Name: **Sharon S Smith**  
82 Street Address (P.O. Box Number is Not Acceptable): **3308 Lincoln Blvd.**  
83 City: **Ft. Myers**  
84 City: **Ft. Myers**  
85 Zip Code: **FL 33916**

11. Pursuant to the provisions of Sections 607.0609 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]*

May 24-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, HORACE</b>	12. NAME	
STREET ADDRESS	<b>3318 LINCOLN BLVD</b>	13. STREET ADDRESS	
CITY- ST- ZIP	<b>FT. MYERS FL 33916</b>	14. CITY- ST- ZIP	
TITLE	<b>V.P.</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sharon S Smith</b>	22. NAME	
STREET ADDRESS	<b>3308 Lincoln Blvd</b>	23. STREET ADDRESS	
CITY- ST- ZIP	<b>Ft. Myers, FL 33916</b>	24. CITY- ST- ZIP	
TITLE	<b>Sec.</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ruth R. Cooper</b>	32. NAME	
STREET ADDRESS	<b>3308 Lincoln Blvd</b>	33. STREET ADDRESS	
CITY- ST- ZIP	<b>Ft. Myers, FL 33916</b>	34. CITY- ST- ZIP	
TITLE	<b>Treas.</b>	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Indepye B Smith</b>	42. NAME	
STREET ADDRESS	<b>3308 Lincoln Blvd</b>	43. STREET ADDRESS	
CITY- ST- ZIP	<b>Ft. Myers, FL 33916</b>	44. CITY- ST- ZIP	
TITLE	<b>Sec.</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Horace R Smith</b>	52. NAME	
STREET ADDRESS	<b>3308 Lincoln Blvd</b>	53. STREET ADDRESS	
CITY- ST- ZIP	<b>Ft. Myers FL 33916</b>	54. CITY- ST- ZIP	
TITLE	<b>Sec.</b>	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Orlinda Smith</b>	62. NAME	
STREET ADDRESS	<b>2247 Branch St.</b>	63. STREET ADDRESS	
CITY- ST- ZIP	<b>Ft. Myers FL 33916 B.M.</b>	64. 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: *[Signature]* *[Signature]*

May 24/96

CR2E034 (12/95)