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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400053015 (1)

| WEST | COAST CAR & TRUCK SA | | | | | | | |
|---|---|---|---|--|-------------------------------------|--|-------------------------------|-----------------------------|
| Principal Place of Business Mailing Address | | | | | | * 1001(00) 110 1011) 41011 8014 90111 90(1) 96(8) 91 | *** (I)((ES(F) () | 4111 1941 |
| 8701 BAY PI ST. PETERSI | NES BLVD. Burg FL 33709 | 8701 BAY PINES BLVD. St. Petersburg FL 33709 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified 07/18/1994 | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | A | oplied For |
| 21 | | 26 | | | | 59-3254960 | N | ot Applicable |
| Suite, Apt. | <u> </u> | Suite, Ap | | | | 5. Certificate of Status Desired | | Additional equired |
| 23 | City & State City & State | | | | | 6, Election Campaign Financing Trust Fund Contribution Added to Fees | | |
| Zip 24 | Country 25 | 7ip Country 30 | | | у | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | |
| | g, Name and Address of Curre | nt Registered Age | nt | | | 10. Name and Address of New Registered | Agent | |
| GEORGE L. HAYES III, SERVICES, INC. 696 1ST AVE. NORTH, SUITE 303 ST. PETERSBURG FL 33701 | | | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 | | | | |
| | | | | 84 City FL 85 Zip Code | | | | |
| 11. Pursuant office or agent. I a | to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig | 02 and 607,1508, F e of Florida, Such o jations of, Section (| lorida Statutes, hange was aut 607.0505, Florid | the above horized be da Statute | re-named cor y the corpora s. | rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap- | of changing i pointment as | ts registered registered |
| SIGNATURE | Signature, typed or printed name of registered ag | wul and little if applicable | /NOTE E | Ponintered Ac | and cionate so com | uired when reinstaling) DATE | | |
| 12. OFFICERS AND DIRECTORS | | | | | ion adviatore redu | ADDITIONS/CHANGES TO OFFICERS AN | O DIRECTO | RS IN 12 |
| TITLE | DPST | | DELETE | 1.1 TITLE | | 7.55117611676117411426 70 61116276741 | Change | Addition |
| NAME | HASLETT, DEBORAH | | | 1.2 NAME | j | | _ | |
| STREET ADDRESS | 8701 BAY PINES BLVD. | | | 1.3 STREET | T ADDRESS | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33709 | | | 1.4 CITY-3 | 1 | | | |
| TITLE | | | DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | | | | 2.2 NAME | | | • | |
| STREET ADDRESS | | | | | T ADDRESS | | | |
| CITY-ST-ZIP | { | | | 2. 4 CITY- | | • • • • • • | | |
| TATLE | | | DELETE | 2.4 71715 | ~:. 4" | | Change | Addition |

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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information indicated on this 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information indicated on this samual 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 trusted 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 atlachment with an address.

3.2 NAME

4.1 TITLE

4.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-S1-ZIP

6.1 TITLE 6.2 NAME

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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To on an attachnicht with an address.

| Ward | August |

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3/30/98 (813) 343

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Apr 03 1998 8:00am

Secretary of State