CR2E034 (5/98)

352-344-1411

FILED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Jul 28 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000001708 (3) COMO WHOLESALE, INC. Principal Place of Business Mailing Address 61 NORTH FLORIDA AVENUE 61 NORTH FLORIDA AVENUE INVERNESS FL 34453 INVERNESS FL 34453 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/05/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3292166 Not Applicable Sulte. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Country Zip Country 24 25 29 Personal Property Tax due June 30. ___ Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COMO, RICHARD **61 NORTH FLORIDA AVENUE** Street Address (P.O. Box Number is Not Acceptable) INVERNESS FL 34453 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE Change Addition DELETE NAME COMO, RICHARD 1.2 NAME **61 NORTH FLORIDA AVENUE** STREET ADDRESS 1.3 STREET ADDRESS INVERNESS FL 34453 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE DELETE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 500002603506 TITLE DELETE 5.1 TITLE -07/31/98--01009--008 NAME 5.2 NAME ***150.00 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TOTLE 6.1 TITLE DELETE ___ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this flips 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 trurfee 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 attackment with an address.

SIGNATURE:



Como Auto Sales & Service, Inc.

61 N. Florida — Hwy. 41 N. Inverness, FL. 32650 Phone 344-1411

7/22/98

To Whom It may Concern: Ref # P95000001708

Allase De advised that we never received not ification from your office on either of our torpalations.

We would appreciate it if you would ware the late spee, we do not feel responsible for being late.

Thank you.

may John (Sec)