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

PROFIT FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUN 30 PM 3: 16 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA AUTO SALES + SERVICE, W. Como Principal Place of Business Mailing Address FLORIDA AVE N. 61 N. FLORIDA AVE DO NOT WRITE IN THIS SPACE. INVERNESS, FLORIDA INVERNESS, FLORIDA 3. Date Incorporated or Qualified 34453 34453 2a. Mailing Address 2. Principal Place of Business Applied For 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip. Country 8. This corporation owes or has paid the current year Intangible 24 25 X Yos 29 30 Personal Properly Tax due Jurie 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARY A. POE Street Address (P.O. Box Number is Not Acceptable) 82 103 N. AMPKA INVERNESS, FL 34450 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE NAME 1.2 NAME JOHN! MCCRAVE RICHARD STREET ADDRESS 1.3 STREET ADDRESS 6115 EAST TENISON 1.4 C(1Y-S1-ZIP CITY-ST-ZIP Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 100002576531---3--06/30/98--01079--001 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS ****159.00 ****159.00 3.4. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TO LE TITLE 6.2 NAME NAME STREET ADDRESS 63 STHEET 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 Statutos. I further certify that the information indicated on this annual report or supplied ental arrural report is true and accurate and that my signature shall have the same logal 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 Statutos; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

TO WHOM IT MAY CONCERN.

IN REGIARDS TO THE CORPORATION
"COMO AUTO SALES & SERVICE. INC."

A PROFIT CORPORATION ANNUAL REPORT

HOTIFICIATION OF RENIEWAL WAS

NOT RECEIVED

John J. MCCRAVE.

06-30-66