

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

0489074

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90070 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S40343**  
 1. Corporation Name  
**COMO AUTO SALES & SERVICE, INC.**



Principal Place of Business: 61 NORTH FLORIDA AVENUE, INVERNESS FL 34453  
 Mailing Address: 61 NORTH FLORIDA AVENUE, INVERNESS FL 34453

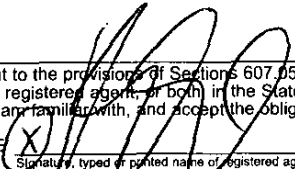
DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**03/22/1991**

2. Principal Place of Business (21-24)  
 2a. Mailing Address (26-29)

4. FEI Number: 59-3062630  
 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**POE, GARY A.**  
**103 NORTH APOPKA AVENUE**  
**INVERNESS FL 34450**

10. Name and Address of New Registered Agent  
 81 Name: **COMO, RICHARD J.**  
 82 Street Address (P.O. Box Number is Not Acceptable): **1400 NW 3RD ST.**  
 83  
 84 City: **CRYSTAL RIVER** FL 85 Zip Code: **34428**

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:  DATE: **4/29/99**

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | P                      | <input type="checkbox"/> DELETE            |
| NAME           | COMO, RICHARD J.       |  |
| STREET ADDRESS | 1400 NW 3RD ST         |  |
| CITY-ST-ZIP    | CRYSTAL RIVER FL 34428 |  |
| TITLE          | S                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCCRAVE, JOHN          |  |
| STREET ADDRESS | 6118 EAST TENISON ST.  |  |
| CITY-ST-ZIP    | INVERNESS FL 34452     |  |
| TITLE          | VP                     | <input type="checkbox"/> DELETE            |
| NAME           | Como Dawn              |  |
| STREET ADDRESS | 1400 NW 3rd St         |  |
| CITY-ST-ZIP    | Crystal River FL 34428 |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                        |  |
|--------------------|------------------------|--|
| 1.1 TITLE          | VP                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | DAWN Como              |  |
| 1.3 STREET ADDRESS | 1400 NW 3rd St         |  |
| 1.4 CITY-ST-ZIP    | Crystal River FL 34428 |  |
| 2.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                        |  |
| 2.3 STREET ADDRESS |                        |  |
| 2.4 CITY-ST-ZIP    |                        |  |
| 3.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                        |  |
| 3.3 STREET ADDRESS |                        |  |
| 3.4 CITY-ST-ZIP    |                        |  |
| 4.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                        |  |
| 4.3 STREET ADDRESS |                        |  |
| 4.4 CITY-ST-ZIP    |                        |  |
| 5.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                        |  |
| 5.3 STREET ADDRESS |                        |  |
| 5.4 CITY-ST-ZIP    |                        |  |
| 6.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **4/29/99** DAYTIME PHONE #

CR2E034 (11/98)