

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 # **V12222 (8)**

1. Corporation Name

AUTORAMA AUTO SALES OF SARASOTA, INC.



Principal Place of Business

**4000 BEERIDGE ROAD
SARASOTA FL 34233**

Mailing Address

**4000 BEE RIDGE RD.
SARASOTA FL 34233
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/07/1992

3a. Date of Last Report

04/04/1995

4. FEI Number

65-0317031

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**KALBERKAMP, BEVERLY
4000 BEERIDGE ROAD
SARASOTA FL 34233**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 officer or director (to be typed or printed)

Signature typed or printed name of registered agent (to be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D KALBERKAMP, MARK**
STREET ADDRESS **4000 BEE RIDGE RD.**
CITY-STATE-ZIP **SARASOTA FL**
Bee Ridge Rd

TITLE DELETE

NAME **D DIEHL, NORMAN**
STREET ADDRESS **4000 BEERIDGE RD.**
CITY-STATE-ZIP **SARASOTA FL**

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

400001795684
-04/26/96--01019--043
*****400.00**

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:

Mark Kalberkamp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D-55

Division Form #

CR2E034 (12/95)