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**Feb 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58421 (1)

1. Corporation Name
BEN SHIVES AUTO & BOAT BROKER, INC.



Principal Place of Business: **6951 15TH STREET EAST SARASOTA FL 34243 US**
Mailing Address: **6951 15TH STREET E SARASOTA FL 34243-3277 US**

3. Date Incorporated or Qualified: **08/17/1992**
3a. Date of Last Report: **03/05/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2000 9th Street W. Suite, Apt. #, etc.	26 2000 9th Street W. Suite, Apt. #, etc.	65-0352840	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Bradenton, Fl.	28 Bradenton, Fl.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 34205 25 Country	29 34205 30 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHIVES, BENJAMIN 6951 15TH STREET EAST SARASOTA FL 34243	81 Name: Shives, Benjamin 82 Street Address (P.O. Box Number is Not Acceptable): 2000 9th Street West 83 84 City: Bradenton FL 85 Zip Code: 34205

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: SHIVES, BENJAMIN	1.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Shives, Benjamin
STREET ADDRESS: 6951 15TH STREE EAST	CITY-ST-ZIP: SARASOTA FL	1.2 NAME: Shives, Benjamin	1.3 STREET ADDRESS: 2000 9th Street West
TITLE: <input type="checkbox"/> DELETE	NAME:	1.4 CITY-ST-ZIP: Bradenton, Fl	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	2.2 NAME:	2.2 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do 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.

SIGNATURE: *[Signature]* 1/30/97 (941) 714-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)