

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H28413 (3)

1. Corporation Name

CORVETTES WEST, INC.

Principal Place of Business

% THOMAS MOLLER
6175A CLARK CENTER AVENUE
SARASOTA FL 34238

Mailing Address

% THOMAS MOLLER
6175A CLARK CENTER AVENUE
SARASOTA FL 34238



2. Principal Place of Business

21

Suite, Apt., #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt., #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MOLLER, THOMAS
6175A CLARK CENTER AVENUE
SARASOTA FL 34238

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/02/1984

3a. Date of Last Report

06/19/1995

4. FEI Number

59-2464224

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0402 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Thomas Moller, Secretary of State

Thomas Moller, Secretary of State

DATE

12. OFFICERS AND DIRECTORS

12.1

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DP
MOLLER, THOMAS
6175A CLARK CENTER AVE
SARASOTA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

VTS
MOLLER, DEBORA
6175 A CLARK CENTER AVE.
SARASOTA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

13.2

NAME

13.3

STREET ADDRESS

13.4

CITY-STATE-ZIP

13.5

NAME

13.6

STREET ADDRESS

13.7

CITY-STATE-ZIP

13.8

NAME

13.9

STREET ADDRESS

13.10

CITY-STATE-ZIP

13.11

NAME

13.12

STREET ADDRESS

13.13

CITY-STATE-ZIP

13.14

NAME

13.15

STREET ADDRESS

13.16

CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is a true and correct statement and does not qualify for the exemption stated in Section 119.07(3)(a), 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 addition with a checkmark.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 26, 1996.

DATE OF FILING

CR2E034 (12/95)