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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

249663

(6)

JIM RATHMANN CHEVROLET-CADILLAC, INC.

FILED Feb 25 1998 8:00am Secretary of State

Principal Place of Business 80 S.HARBOR CTY BLVD MELBOURNE FL 32901 2 Principal Place of Business 2 Mailing Address 2 Mailing Address 2 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/2/8/1961 2 Principal Place of Business 2 Mailing Address 3. Date Incorporated or Qualified 07/2/8/1961 2 Principal Place of Business 2 Mailing Address 4. FEI Number Applied NN Applied	ble
MELBOURNE FL 3201 MELBOURNE FL 3201 MELBOURNE FL 3201 MELBOURNE FL 3200 JOY/26/1961 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified JOY/26/1961 3. Date Incorporated or Qualified JOY/26/1961 3. Principal Place of Business 4. FEI Number 59-0935003 Not Applied 59-0935003 Not Applied 50-0935003 Not Appli	ble
2. Principal Place of Business 2. 2a. Mailing Address 4. FEI Number Applied 07/26/1961 2. Principal Place of Business 2. 2a. Mailing Address 4. FEI Number Applied 07/26/1961 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Certificate of Status Desired 58.75 Additional Fee Requirement	ble
2. Principal Place of Business	ble
2. Mailing Address 2a. Mailing Address 2b. Mailing Address 2b. Mailing Address 59-0935003 Not App Not Ap	ble
2. Mailing Address 2a. Mailing Address 2b. Mailing Address 2b. Mailing Address 59-0935003 Not App Not Ap	ble
Suite, Apt. #, etc. Suite, Apt. #, etc.	—≺
22 27 27 28 28 29 29 30 29 29 29 30 29 29 29 30 29 29 29 30 29 29 29 29 29 29 29 2	
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country State City Represented From the paid the current year intangible personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes No. No. Personal Property Tax due June 30. Yes Personal Property Tax due June	
28 Trust Fund Contribution Added to Fee Zip Country Zip Country St. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Part Name	
Zip Country Zip Country Zip Country B8. This corporation owes or has paid the current year intangible personal Property Tax due June 30. Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 100. Name and Address of New Registered Agent 10. Name 100. Name and Address of New Registered Agent 10. Name 100. Name and Address of New Registered Agent 10. Name 100. Name and Address of New Registered Agent 10. Name 100. Name and Address of New Registered Agent 10. Name 100. Name and Address of New Registered Agent 10. Name 10. Name 100.	
28	
PALLACE, JAMES H. 1900 S. HICKORY STREET MELBOURNE FL 32901 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 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 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 regist agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or preted name of registered agent and use it applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE OP DELETE 1.1 ITTLE OF DRAME 1.3 STREET ADDRESS 3900 N. RIVERSIDE DR. 1.3 STREET ADDRESS 3900 N. RIVERSIDE DR. 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP ITTLE OC DELETE 2.1 TITLE OC DELETE 3.1 STREET ADDRESS 3900 N. RIVERSIDE DR. 1.3 STREET ADDRESS 3900 N. RIVERSIDE DR. 22 NAME STREET ADDRESS 3900 N. RIVERSIDE DR. 31 STREET ADDRESS 3900 N. RIVERSIDE DR. 42 ACTIY-SI-ZIP TITLE DSV DELETE 3.1 TITLE DC Change DC Chan	
### PALLACE, JAMES 11. 1900 S. HICKORY STREET MELBOURNE FL 32901 ### 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 regist 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 regist agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prested name of registered agent and title if applicable (NOTE: Peopstered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 ITIE NAME RATHMANN, JAMES T 12 NAME RATHMANN, JAMES T 13. STREET ADDRESS GITY-ST-ZIP INDIALANTIC, FL 00000 14. CITY-ST-ZIP ITILE DC	
1900 S. HICKORY STREET MELBOURNE FL 32901 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 regist agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sig	
### City ### FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its regist 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 regist agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or practice agent and total it applicable (NOTE: Registered Agent signature required when reinstating) DATE	\dashv
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 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 regist agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE DP DP DELETE 1.1 TITLE NAME RATHMANN, JAMES T 1.2 NAME STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 00000 1.4 CITY-ST-ZIP INDIALANTIC, FL 00000 1.4 CITY-ST-ZIP INDIALANTIC FL DELETE 2.1 TITLE DC Change Cha	
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, lybod or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DP DP DELETE 1.1 TITLE DR RATHMANN, JAMES T 1.2 NAME STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 00000 1.4 CITY-ST-ZIP TITLE DC DC DELETE 2.1 TITLE DC Change	
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 regist agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. NAME RATHMANN, JAMES T 12. NAME STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 00000 DELETE 14. CITY-ST-ZIP TITLE DC ATTILE DC Change Change ACTIVE-ST-ZIP INDIALANTIC FL Change ACTIVE-ST-ZIP Change ACTIVE-ST-ZIP INDIALANTIC FL Change ACTIVE-ST-ZIP ACTIVE-ST-ZIP Change ACTIVE-ST-ZIP ACTIVE-ST-ZIP Change ACT	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DP DELETE 1.1 TITLE NAME RATHMANN, JAMES T 12 NAME STREET ADDRESS 3900 N. RIVERSIDE DR. 1.3 STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 00000 14 CITY-ST-ZIP TITLE DC DELETE 2.1 TITLE NAME RATHMANN, RICHARD R STREET ADDRESS 3950 N. RIVERSIDE DR. 2.3 STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL STREET ADDRESS 3950 N. RIVERSIDE DR. 2.3 STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL TITLE DC DC DELETE 2.1 TITLE STREET ADDRESS 3950 N. RIVERSIDE DR. 2.3 STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL TITLE DSV DELETE 3.1 TITLE	ed d
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DP RATHMANN, JAMES T STREET ADDRESS GITY-ST-ZIP INDIALANTIC, FL 00000 DELETE STREET ADDRESS GITY-ST-ZIP TITLE RATHMANN, RICHARD R STREET ADDRESS GITY-ST-ZIP INDIALANTIC FL DELETE 2.3 STREET ADDRESS GITY-ST-ZIP INDIALANTIC FL DELETE 3.1 TITLE DSV DELETE 3.1 TITLE DSV ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 LOCHANGE LOCHANGE	
TITLE	
NAME	ition (10)
STREET ADDRESS 3900 N. RIVERSIDE DR. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP INDIALANTIC, FL 00000 1.4 CITY-ST-ZIP	
TITLE DC DELETE 21 TITLE Change 7 NAME RATHMANN, RICHARD R 22 NAME 22 NAME STREET ADDRESS 3950 N. RIVERSIDE DR. 23 STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 24 CITY-ST-ZIP TITLE DSV DELETE 3.1 TITLE Change 7	R2F034
TITLE DC DELETE 21 TITLE Change Change <td>2</td>	2
STREET ADDRESS 3950 N. RIVERSIDE DR. 2.3 STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 2.4 CITY-ST-ZIP TITLE DSV DELETE 3.1 TITLE Change 7	tion C
CITY-ST-ZIP INDIALANTIC FL 2.4 CITY-ST-ZIP TITLE DSV DELETE 3.1 TITLE Change 7.7	
TIFLE DSV DELETE 3.1 TITLE Change	
	tion
NAME RATHMANN, CAROLYN 32 NAME	
STREET ADDRESS RATHMANN, CAROLYN J. 33 STREET ADDRESS	
CITY-ST-ZIP INDIALANTIC FL 3.4. CITY-ST-ZIP	tion
	IIOH
NAME SANDLER, GLENN S 4.2 NAME	
STREET ADDRESS S. HARBOR CITY BLVD. 43 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 44 CITY-ST-ZIP	- 1
CITY-ST-ZIP MELBOURNE FL 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change 7	
NAME 5.2 NAME	lion
STREET ADDRESS 5.2 TANAME 5.2 TANAME 5.3 STREET ADDRESS	tion
	tion
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change I/I	lion
NAME 6.2 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filin, 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 in supplemental annual reflort 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 true be 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 attack that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is supplied with this filin, 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 is supplied with this filin, 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 is supplied with this filin, 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 is supplied with the information indicated on this annual report is supplied with the information indicated on this annual report is supplied with the information indicated on this annual report is supplied with the information indicated on this annual report is supplied with the information indicated on the same legal effect as if made under on the information indicated on this annual report is supplied with the information indicated on the information indicated
