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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 398659

VIC OSMAN LINCOLN MERCURY, INC

Principal Place of Business	
625 E. NASA BLVD.	
MELBOURNE EL 32901-8986	

Mailing Address

625 E. NASA BLVD.

## **FILED** Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90043 036 \*\*\*150.00



MELBOURNE FL 32901-8986 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/04/1972 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1393487 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip ☐ Yes □No 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name OSMAN, PERRY Street Address (P.O. Box Number is Not Acceptable) 82 890 LOGGERHEAD ISLAND DRIVE SATTELITE BEACH FL 32937 83 Zip Code 84 City

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 registered agent and title if applicable. (NOTE: R	egistered Agent signature required wt	nen reinstating)	DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	• • • • • • • • • • • • • • • • • • • •	☐ Change ☐ Addition
NAME	OSMAN, PERRY	1.2 NAME		
STREET ADDRESS	890 LOGGERHEAD ISLAND DR	1.3 STREET ADDRESS	,	
CITY-ST-ZIP	SATELLITE BCH FL	1.4 CITY-ST-ZIP		
TITLE	S □ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OSMAN, PAUL	2.2 NAME		
STREET ADDRESS	3915 HIDDEN OAKS LANE	2.3 STREET ADDRESS		•
CITY-ST-ZIP	MELBOURNE, FL 32934	2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME	· •	
STREET ADDRÉSS	*	3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS .	•	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3 3	
TITLE	☐ DELETE	6.1 TITLE	•	Change Addition
NAME		6.2 NAME	•	
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 or an attachment with an address, with all other like empowered.

SIGNATURE: