DOCUMEINT # 526653 BIL SEIDE C CHEVROLEFOLDSMOBILE. INC. Maing Address INT STATE Road 30 PO BOX 12064 PO BOX 12064 PO BOX 12064 CERMONT PL 3NT2 DO NOT WRITE IN THIS SPACE DO NOT WRITE INTERS DO NOT WRITE IN THIS SPACE DO	CÓF ANNL	PROFIT RPORATION JAL REPORT 1999		FLORIDA DEPAR FLORIDA DEPAR Katherin Secretary DIVISION OF C	TMENT OF STATE Harris of State	FILED Jan 20, 1999 8:00am Secretary of State	
Integra of Business Malling Address Integration of Business 14.98 STATE ROAD SO P 0 BOX 12006 O BOX 12007 O BOX 12006 O BOX 12007 O BOX 120	 Corporation 	n name		e, INC.			
Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Suite, Apl. #, etc. 2a 59-1724624 Non Application Dity & State 27 Country 1. Scottictation of Status Desired 58.75 Additional Fee Required Dity & State 21 Country 2. Election Campaign Financing Tost Fund Controls 55.00 May Be Added to Fee 2. Country 2. Election Campaign Financing Tost Fund Controls 55.00 May Be Added to Fee 56.00 May Be Added to Fee 3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent BARD, LEONARD H. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) Street Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARD, LEONARD H. 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address of New Registered Agent 82 CLEBMONT FL 34711 82 Street Address of Cortes AND DECORES 83 82 82 82 82 82 82 82 82 82 82 82 82 82 82 82 <t< th=""><th>138 STATE F O BOX 1210</th><th>ROAD 50 146</th><th>1 F</th><th>4138 STATE ROAD 50 P O BOX 121046</th><th></th><th>DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed</th><th></th></t<>	138 STATE F O BOX 1210	ROAD 50 146	1 F	4138 STATE ROAD 50 P O BOX 121046		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
Image: constraint of the purpose of Constraint of the pur	•			i]		4. FEI Number Applied For 59-1724624 Not Applica \$8 75 Additional	able
Image: state Image: state<				City & State		6. Election Campaign Financing \$5.00 May Be	
BARD, LEONARD H. Stass W HWY 50 CLERMONT FL 34711 E	Zip	25	29		30	Personal Property Tax.	
Signature reported rame dependent and title if application (INOTE Registered Agent structure required when ministrating) DATE 2. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LE P DELETE 11 TITLE Change Addition WE SEIDLE, ROBERT K 12 NAME 13 STREET ADDRESS 4 Addition Y-ST-ZP CLERIMONT FL 34712 14 GITY-ST-ZP - - KEE XODRESS 2900 NW 36TH ST 23 STREET ADDRESS - - Y-ST-ZP MIAMI, FL 00000 33142 24 GITY-ST-ZP - - V-ST-ZP DELETE 31 TITLE Change Addition WE SEIDLE, MICHAEL 23 STREET ADDRESS - - Y-ST-ZP MIAMI, FL 00000 33142 24 GITY-ST-ZP - - V-ST-ZP		RMONT FL 34711			83		
Induction of Nucleon of	Pursuant	to the provisions of Sect			84 City s, the above-named cor thorized by the corporat	poration submits this statement for the purpose of changing its registere	be
Are SEIDLE, ROBERT K 12 NAME NEET ADDRESS P O BOX 121433 13 STREET ADDRESS Y-ST-2P CLERMONT FL 34712 14 CITY-ST-ZP LE VP DELETE 21 TITLE LE VP DELETE 21 TITLE Are SEIDLE, MICHAEL 22 NAME 2000 NW 36TH ST 23 STREET ADDRESS Y-ST-ZP MIAMI, FL 00000 33142 24 GITY-ST-ZP LE DELETE 31 TITLE V-ST-ZP	Rursuant office or r àgent. I a GNATURE	to the provisions of Sec registered agent, or both rm familiar with, and acc Signature, hyped or printed name	of registered agent and tit	of, Section 607.0505, Flori te if applicable. (NOTE: 1	84 City s, the above-named cor thorized by the corporat da Statutes. Registered Agent signature requi	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
E VP DELETE 2.1 TTLE Change Addition #E SEIDLE, MICHAEL 22 NAME 23 STREET ADDRESS 24 GTV-ST-ZP	, Rursuant office or r agent. I a GNATURE	to the provisions of Sect registered agent, or both am familiar with, and accu Signature, typed or printed name O	of registered agent and tit	of, Section 607.0505, Flori te if applicable. (NOTE: 1 RECTORS	84 City s, the above-named cor thorized by the corporat da Statutes. Registered Agent signature requi 13.	PL poration submits this statement for the purpose of changing its registerer ion's board of directors. I hereby accept the appointment as registered when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
LE DELETE 3.1 TITLE Change Addition ME 32 NAME 33 STREET ADORESS 33 STREET ADORESS Y-ST-ZIP 34. CITY-ST-ZIP Change Addition ME DELETE 4.1 TITLE Change Addition ME 4.2 NAME 4.2 NAME Addition Addition KEET ADORESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP Addition Y-ST-ZIP 44 CITY-ST-ZIP Change Addition KEET ADORESS 5.1 TITLE Change Addition WE 5.2 NAME 5.3 STREET ADORESS Addition Y-ST-ZIP 5.1 TITLE Change Addition KEET ADORESS 5.3 STREET ADORESS Addition Y-ST-ZIP 5.4 CITY-ST-ZIP Addition Addition KEET ADORESS 5.3 STREET ADORESS Y-ST-ZIP Y-ST-ZIP LE DELETE 6.1 TITLE Change Addition KEET ADORESS 6.3 STREET ADORESS 4.4 CITY-ST-ZIP Addition KEET ADORESS 6.3 STREET ADORESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP	, Pursuant office or r ofgent. I a GNATURE 	to the provisions of Sec registered agent, or both am familiar with, and accu Signature, typed or printed name O P SEIDLE, ROBERT K P O BOX 121433	of registered agent and the	of, Section 607.0505, Flori te if applicable. (NOTE: 1 RECTORS	84 City s, the above-named corthorized by the corporated a Statutes. Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	PL poration submits this statement for the purpose of changing its registerer ion's board of directors. I hereby accept the appointment as registered when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
Y-ST-ZIP 3.4. CITY-ST-ZIP E DELETE AEE 4.1 TITLE AEE 4.2 NAME AEET ADDRESS 4.3 STREET ADDRESS Y-ST-ZIP 44 CITY-ST-ZIP LE DELETE S1 TITLE Change Addition AEE S2 NAME S2 NAME S3 STREET ADDRESS Y-ST-ZIP LE DELETE S1 TITLE S2 NAME S3 STREET ADDRESS Y-ST-ZIP LE DELETE S1 TITLE S2 NAME S2 NAME S3 STREET ADDRESS Y-ST-ZIP LE DELETE 6.1 TITLE Change Addition AEET ADDRESS G2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS KEET ADDRESS 6.3 STREET ADDRESS	Rursuant office or r agent. I a GNATURE	to the provisions of Sec registered agent, or both am familiar with, and acc Signature, typed or printed name O P SEIDLE, ROBERT K P O BOX 121433 CLERMONT FL 347 VP SEIDLE, MICHAEL	of registered agent and the	of, Section 607.0505, Flori le if applicable. (NOTE: I RECTORS DELETE	84 City s, the above-named corthorized by the corporated astructures. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	PL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add	2 dition
ADDRESS 4.3 STREET ADDRESS Y.ST-ZIP 4.4 CITY-ST-ZIP LE DELETE 5.1 T/T.E AE 5.2 NAME SEET ADDRESS 5.3 STREET ADDRESS Y.ST-ZIP 5.4 CITY-ST-ZIP LE DELETE 6.1 T/T.E Change AE Addition KEET ADDRESS 5.3 STREET ADDRESS Y-ST-ZIP 5.4 CITY-ST-ZIP LE DELETE 6.1 T/T.E Change AE 6.3 STREET ADDRESS KEET ADDRESS 6.3 STREET ADDRESS	Rursuant office or r agent. I a GNATURE .E .E .E .E .E .E .E .E .E .E .E .E .E	to the provisions of Sect registered agent, or both mr familiar with, and acc Signature, typed or printed name O P SEIDLE, ROBERT K P O BOX 121433 CLERMONT FL 347 VP SEIDLE, MICHAEL 2900 NW 36TH ST	of registered agent and the FFICERS AND DIF	of,: Section 607.0505, Flori te if applicable. (NOTE: 1 RECTORS	84 City s, the above-named cort thorized by the corporated da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	PL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add Change Add	2 dition
AEET ADDRESS KEET ADDRESS Y-ST-ZIP E E E AE E E E E E E E E E E E E E	Rursuant office or r agent. I a SNATURE E E E E E E E E E E E E E E E E E E	to the provisions of Sect registered agent, or both mr familiar with, and acc Signature, typed or printed name O P SEIDLE, ROBERT K P O BOX 121433 CLERMONT FL 347 VP SEIDLE, MICHAEL 2900 NW 36TH ST	of registered agent and the FFICERS AND DIF	of, Section 607.0505, Flori te if applicable. (NOTE: 1 RECTORS	84 City s, the above-named corthorized by the corporated astatutes. Registered Agent signature required astatutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	PL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add	2 dition
AE 62 NAME EET ADDRESS 63 STREET ADDRESS 64 STREET ADDRESS	Rursuant office or r àgent. I a SNATURE E E E E E E E E E E E E E E E E E E	to the provisions of Sect registered agent, or both am familiar with, and acc Signature, typed or printed name O P SEIDLE, ROBERT K P O BOX 121433 CLERMONT FL 347 VP SEIDLE, MICHAEL 2900 NW 36TH ST MIAMI, FL 00000 3	of registered agent and the FFICERS AND DIF	of. Section 607.0505, Flori Ite if applicable. (NOTE: 1 RECTORS DELETE DELETE DELETE DELETE	84 City s, the above-named corthorized by the corporated astatutes. Corty Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add Change Add	2 dition dition
	Rursuant office or 'r àgent. I a SNATURE E E E E E E E E E E E E E	to the provisions of Sect registered agent, or both im familiar with, and acc Signature, typed or printed name O P SEIDLE, ROBERT K P O BOX 121433 CLERMONT FL 347 VP SEIDLE, MICHAEL 2900 NW 36TH ST MIAMI, FL 00000 3	of registered agent and the FFICERS AND DIF	of. Section 607.0505, Flori Is if applicable. (NOTE: 1 RECTORS DELETE DELETE DELETE DELETE DELETE	84 City s, the above-named corthorized by the corporated astautes. Statutes. Registered Agent signature required 13. 1.1 11TLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered add when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add Change Add Change Add Add Change Change Add Change Change Add Change Change Change Add Change	2 dition dition

.