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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 596299

(8)

BILL BROWN VOLKSWAGEN, INC.

eal Place of Rusiness Mailing Addre



Principal Place of Business Mairing Address									
6239 SOUTH (ORLANDO FL	ORANGE BLOSSOM TR. 32809	6239 SOUTH ORANG ORLANDO FL 32809	ie blossom	TR.					
						3. Date Incorporated or Qualified 12/05/1978		of Last I 04/26/1	
, Principal Place	e of Business	2a. Mailing Address				4. FEI Number	1		Applied For
]		26				59-1863884 Not Applicable			
Suite, Apt. #, etc.		Suite. Apt. #, etc.	·			5. Certificate of Status Desired		· ·	5 Additional Required
City & State		City & State				6. Election Campaign Financing			00 May Be ed to Fees
		28	Coun	store		Trust Fund Contribution P This connection has liability for	intannible f		
Zip 	Country	710	29 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	1	1001			10. Name and Address of New F	tegistered	Agent	
	<u> </u>			81	Name				
Brown, William D.				82	2 Street Address (P.O. Box Number is Not Acceptable)				
6239 SC	OUTH ORANGE BLOSSOM TR	ı							
ORLAND	O FL 32809			83					
				84	City		FL	85	Žip Code
					and paragraph	ration submits this statement for the pured of directors. I hereby accept the app	roose of ch	annino its	registered of
	Signature, typical or printed name of registered styre	nt and this if application ND DIRECTORS	IOTE Registered	Agent	signature require	al wien retristating: ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIREC	ORS IN 12
2.	OFFICERS AF	DELETE	1 1 11	ll é		7,051110110-0111110-01111		Chang	
TEF AME	Brown, William D	L.	1 2 NA						
FREE I ADDRESS	4948 OAK ISLAND ROAD		1351	HEET.	ADDRESS				
TY-ST-ZiP	BELLE ISLE FL		1.4 CI	[Y - S]	r-ZIP			Chang	o El Additio
1t F	ST			2 1 TILLE				☐ Chang	e 🔲 Additio
AMÉ .	BROWN, JOANNE C		2 2 NA						
TREET ADDRESS	4948 OAK ISLAND RD BELLE ISLE FL		23 SI		ADDRESS L-70				
TLE	DLLLL IOLL) L	DELETE	3 1 1		1-21			Chang	e 🔲 Additio
AME			3 2 N	AME	ļ				
TREFT ADDRESS			33 S	TREET	ADDRESS				
ITY - S1 - ZIP			3 4 CI		r. 7/P			Chang	ie
ITLE		☐ DELETE	4 1 1					☐ Chang	je 🔲 riganii
JAME JAMAI			4.2 N		IDDOCCC				
TREET ADDRESS				IREET ITY -S	ADDRESS				
ITY-ST ZIF		DELETE	5 1 1					Cnani	ge 🔲 Additio
TLE IAME		<u></u>	5 2 N						
STREET ADDRESS			538	TREF	ADORESS				
CITY - ST - ZIF					ST-ZIP			C Cross	ge
FILE		☐ DELETE	611					Chan	Ac [T] wan ii
NAME	İ		62 N	IAMÉ					
	1								
STREE! ADDRESS CITY: ST-ZIP					FADDRESS ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(s)(k), Florida Statutes. Furnier 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 certify that the information indicated on this annual report are reported in 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 charged, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-96

407-85/8510

CR2E034 (12/95)