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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 596299

(8)

ORLANDO FL 32809

BILL BROWN VOLKSWAGEN, INC.										
Principal Place of Business Mailing Address						T HOBIEL BLIFFE HEISE DESKE TYRKE LEFT IN 1816 8/851 BLOTT BLOTT BLOTT BLOTT BLOTT 1861				
6239 SOUTH ORLANDO FL	ORANGE BLOSSOM TR. 32809	6239 SOUTH ORANGE BLOSSOM TR. ORLANDO FL 32809-4611								
						3.	Date Incorporated or Qualified 12/05/1978	,	oate of L	ast Report
2. Principa' Piace of Business		2a. Mailing Address			4. FEI Number		-4.	Π	Applied For	
21		26					59-1863884			Not Applicable
Strite, Apt. #, etc.		Suite, Apt. #. etc.			6.	Certificate of Status Desired		•	.75 Additional ee Required	
City & State:		City & State			6.	Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	ip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
Name and Address of Current Registered Agent						10.	Name and Address of New Re	gistered	Agent	
	OWN, WILLIAM D. 39 SOUTH ORANGE BLOSSO	M TR.		81 82		dross (F	O Roy Number is Not Acceptab	lo\		<del></del>

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

83 84 City

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

agent. Fa	m farmuar with, and accept the obligations of, Section 607.0	505, Florida Statutes.			-		
SIGNATURE	Signature, typicd or pented ment of registered agent and title if applicable	(NOTE: Registered Agent signatur	re required when reinstating)	DATE	-		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ICERS AND DIRECTORS IN 12			
Title	P DELI	TE 1.1 TITLE		Change Addition	ian		
NAME	BROWN, WILLIAM D	1.2 NAME					
STREET ADDRESS	4948 OAK ISLAND ROAD	1.3 STREET ADDRESS			ĺ		
C(1y - S1 - 7)P	BELLE ISLE FL	1.4 CITY-ST-ZIP			- 1		
TETLE	ST DEU	ETE 2.1 TITLE		Change Addition	ion		
NAME	BROWN, JOANNE C	2.2 NAME					
STREET ADORESS	4948 OAK ISLAND RD	2.3 STREET ADDRESS					
City-S1-ZiF	BELLE ISLE FL	2.4 GITY-ST-ZIP	*		j		
TOLE	☐ DELI	TE 3.1 TITUE		Change Addition	ion		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS	i		ı		
CRY-S1-ZP		3.4. CITY+ST-ZIP					
Tille	Deli	TE 4.1 TITLE		Change Addition	ion		
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS	:				
City-St-ZiP		4.4 CITY-ST-ZIP					
TITLE	DELI	STE 5.1 TITLE		Change Addition	ion		
NAMÉ		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS	i ]				
CITY-ST-ZIF		5.4 CITY - ST - ZIP					
TITLE	☐ DELI	TE 6.1 TITLE		☐ Change ☐ Addition	ion		
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS			ļ		
CITY - ST - ZiP		6.4 CITY - ST - ZIP					

14. If the 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 yestanged, or on an attachment with an address.

SIGNATURE:

**FILED** 

Apr 22 1997 8:00am

Secretary of State

Zip Code