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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Principal Pla	JMENT # Bon Name ES AUTO ELECT ICC of Business		Mailing Address						
3126 DAVIS BLVD. NAPLES FL 33942-4343		3126 DAVIS BLVD. NAPLES FL 33942-4343							
			_			3. Date Incorporated or Qua 06/22/1979	alified	3a. Date of Las	
_2. Principal 21	Place of Business		2a. Mailing Addres	ss		4, FEI Number		00/20/18	Applied For
Suite, Ap	t. #, etc.		26 Suite, Apt. #, (etc		59-1920183			Not Applicable
22	·		27			5. Certificate of Status Desir	ed [75 Additional
City & Sta 23	ate		City & State		··-	6. Election Campaign Finance	cing	\$5	00 May Be
Zip	Tc	ountry	28 Zip			Trust Fund Contribution		Ad-	ded to Fees
24	25	•	29	Country 30		8. This corporation has liabili			s 199.032,
	9. Name and A	ddress of Curre	ent Registered Agent			10. Name and Address of t	Yes [
DIOVED	2011 1100110			81	Name			notorou rigoriti	
	SON, JASON C .VIS BLVD			82	Street Add	dress (P.O. Box Number is Not Acc	entable)	· · · · · · · · · · · · · · · · · · ·	
	FL 33942	•		83					
*** - ===	400 12								
				84	City			FL 85	Zip Code
 Pursuant 	to the provisions of t	Sections 607 050	2 and 607 1600 Ct. 11 4						
or regist	ered agent, or both, in	the State of Flori	ida. Such change was au	Statutes, the above-n	amed corpo	ration submits this statement for th	ne purpos	se of changing its	s recustered office
icarringar y	ered agent, or both, in with, and accept the c	the State of Flori obligations of, Seci	ida. Such change was au tion 607.0505, Florida St	Statutes, the above-nathorized by the corporatutes.	amed corpo oration's boa	oration submits this statement for the ard of directors. I hereby accept the	ne purpos e appoint	se of changing its ment as registere	s registered office ed agent. I am
icarringar y	out, and accept the c	ioligations of, Seci	tion 607.0505, Florida Sti	atutes.		and the state of t	ne purpos e appoint	se of changing its ment as registers	s registered office ed agent. I am
SIGNATURE	ered agent, or both, in with, and accept the construction of support or professional support or profes	name of registered agent	tion 607.0505, Florida Sti	(NOTE: Registered Agent		ad when reinstating)		DATE.	ed agent. I am
SIGNATURE 12.	Signature, typed or printed	name of registered agent	tion 607.0505, Florida Sti	NOTE: Registered Agent		and the state of t		DATE RS AND DIRECT	ORS IN 12
SIGNATURE 12. TILLE NAME	Signature, typed or printed VD STOCK, DONAL	name of registered agent OFFICERS AN	tion 607.0505, Florida Sti t and title if applicable. ID DIRECTORS	(NOTE: Registered Agent		ad when reinstating)		DATE.	ORS IN 12
SIGNATURE 12. TILLE NAME STREET ADDRESS	Signature, typed or printed VD STOCK, DONAL 1446 CURLEW	name of registered agent OFFICERS AN	tion 607.0505, Florida Sti t and title if applicable. ID DIRECTORS	(NOTE: Registered Agent	signature require	ad when reinstating)		DATE RS AND DIRECT	ORS IN 12
SIGNATURE 12. TILLE NAME STREET ADDRESS CITY-S1-ZIP	Signature, typed or printed VD STOCK, DONAL 1446 CURLEW NAPLES FL	name of registered agent OFFICERS AN	tion 607.0505, Florida Sti Land title if applicable. ID DIRECTORS	(NOTE: Registered Agent 13. 1 1 TITLE 1.2 NAME 1.3 STREEL / 1.4 CITY-ST	signature require	ad when reinstating)		DATE RS AND DIRECT	ORS IN 12
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