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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 838107

1. Corporation Name

AUTO SHOW, INC.

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90252 020 ***300.00



| | | | | | | L 188585 (8188 1188) 18581 15887 88111 1884 81814 9684 91841 81811 8684 8184 8184 8184 8184 8184 | | |
|--|--|----------------------|-----------|-----------|----------------------------|--|--|--|
| Principal Place of Business Mailing Address 3000 SOUTH WOODLAND DR P.O. BOX 3160 | | | | | | , | | |
| | | | | | | | | |
| DELAND FL 32720 | | DELAND FL 32723-3160 | | | DO NOT WRITE IN THIS SPACE | | | |
| us | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | ļ | 03/28/1977 | | |
| 2 Principal Place of Pusings | | | | | | 4. FEI Number Applied For | | |
| ¬ ' | | · | ¬ ` | | | | | |
| 21 | | 26 Cuito Ant # ata | | | | 05-0342135 Not Applicable \$8.75 Additional | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | - | | | 5. Certificate of Status Desired | | |
| 22 | | City & State | | | · | | | |
| City & Stat | e | | | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | |
| 23 | Country | 28 Zip | Count | ln/ | ·· · | | | |
| Zip | Country | | | u y | | This corporation owes the current year Intangible Personal Property Tax. | | |
| 24 | 25 | | 30 | | | 10. Name and Address of New Registered Agent | | |
| | 9. Name and Address of Curre | nt Registered Agent | 8 | 31 | Name | io. Haine and year object to the great agent | | |
| REA | UREGARD, RICHARD | | | | - Teamo | | | |
| | S WOODLAND BLVD. | | 8 | 32 | Street Addres | ss (P.O. Box Number is Not Acceptable) | | |
| | AND FL 32723-3160 | | - | <u>.</u> | | | | |
| י טבט | AND FL 32/23-3 100 | | 8 | 33 | | • | | |
| 1. | | | 8 | 34 | City | 85 Zip Code | | |
| | | | | | • | ration submits this statement for the purpose of changing its registered | | |
| SIGNATURE | Signature, typed or printed name of registered age | | | gent s | signature required w | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| 12. | OFFICERS AI | ND DIRECTORS | 13. | | | | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition | | |
| NAME | BEAUREGARD, RICHARD | | 1.2 NAM | | | | | |
| STREET ADDRESS | l . | | 1.3 STRE | EET A | ADDRESS | | | |
| CITY-ST-ZIP | DELAND FL | | 14 CITY | | ZIP | Channe C Addition | | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | Ε | | ☐ Change ☐ Addition | | |
| NAME | Beauregard, Richard | | 2.2 NAM | E | | | | |
| STREET ADDRESS | 1 | | | EET A | ADDRESS | . - • | | |
| CITY-ST-ZIP | | | 2. 4 CITY | Y-ST- | - ZiP | | | |
| TITLE | | ☐ DELETE 3.1 | | E | | ☐ Change ☐ Addition | | |
| NAME | | | 3.2 NAM | E | | | | |
| STREET ADDRESS | | | 33 STRE | EETA | ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY | Y-ST- | -ZIP | | | |
| TITLE | | | 4 1 TITLE | 4 1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | 4. 2 NAM | Æ | | | | |
| STREET ADDRESS | | | 4.3 STRE | EETA | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY | ST- | ZIP | | | |
| TITLE | DELETE 5.11 | | 5.1 TITL | | | ☐ Change ☐ Addition | | |
| NAME | | | 5.2 NAM | Œ | | | | |
| STREET ADDRESS | | | 5.3 STR | EETA | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | /-ST- | -ZIP | | | |
| TITLE | | ☐ DELETE | 6.t TITU | E | | ☐ Change ☐ Addition | | |
| NAME | | | 6.2 NAM | Æ | | | | |
| STREET ADDRESS | | | 6.3 STRE | EETA | ADDRESS | | | |
| | 4 | | | | 1 | | | |

14. I hereby certify that the information supplied with this filling 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 sonular 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 received or trustee employees 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 on an association of the corporation of the

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR