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

NAPLES FL 33940

DOCUMENT # FO6545

(0)

1. Corporation Name NAPLES AUTO EXCHANGE, INC.										
Principal Plac	e of Business	Mailing Address	Mailing Address				1 1001100 tres Dâtes Bitol Gistl Albert)(1	
2100 DAVIS NAPLES FL		2100 DAVIS BLVD. Naples FL 33942								
						3.	Date Incorporated or Qualified 11/24/1980		te of Last Report 4/26/1995	
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For			
21		26					59-2047223		Not Applicat	
Suite, Apl	. #, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	City & State			6.	Election Campaign Financing		\$5.00 May Be	
23		28					Trust Fund Contribution	<u>. </u>	Added to Fees	
Ζιρ 24	Country 25	Zip 29	30	ntry		8.	This corporation has liability for Florida Statutes		tax under s 199.032,	
9. Name and Address of Current Registered Agent 81 GOLD, DENNIS 2335 TAMIAMI TR N SUITE 303 SUITE 301 83						10.	Name and Address of New R	egistered	d Agent	
				82	Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)				

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

The state of the s										
SIGNATURE Signature, typod or printed name of registered agent and title if all-plicable (NOTE Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD	☐ DELETE	1. 1 TITLE	☐ Change ☐ Addition						
NAME	MORKUNAS, PETER		12 NAME							
STREET ADDRESS	2100 DAVIS BLVD.		13 STREET ADDRESS							
CITY - ST - ZIP	NAPLES, FLORIDA 00000		14 CHTY - ST - ZIP							
TITLE	VO	DELETE	2 1 TITLE	Change Addition						
NAME	Morkunas, andrew		2.2 NAME							
STREET ADDRESS	2100 DAVIS BLVD.		2 3 STREET ADDRESS							
CITY - \$1 - ZIP	NAPLES, FLORIDA 00000		2.4 CITY - ST-2IP							
TITLE	SDT	DELETE	3. 1 TITLE	Change Addition						
NAME	Morkunas, Sherrie		3.2 NAME							
STREET ADDRESS	2100 DAVIS BLVD.		3.3. STREET ADDRESS							
CITY - ST - ZIP	NAPLES, FLORIDA 00000		3.4 CITY-ST-ZIP							
TILE		☐ DELETE	4. 1 TITLE	☐ Change ☐ Addition						
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET ADORESS							
CFTY - ST - ZFP			4.4 CITY - ST - ZIP							
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition						
NAME			5.2 NAME							
STREET ADDRESS			5 3 STREET ADDRESS							
CITY-ST-ZIP			5 4 CITY - ST - ZIP							
TITLE		☐ DELETE	6. 1 TITLE	Change Addition						
NAME			6.2 NAME							
STHEET ADDRESS			6.3 STREET ADDRESS							
CHY-ST-ZIP	0		6 4 DITY - 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(3)(k), Florida Statutes. I further certify that the information indicated or fits 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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with a ladge.

SIGNATURE:

H24/96

CR2E034 (12/95)

Applied For Not Applicable

Zip Code

85