## 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 # F46404

(2)

	XPRESS AND AUTOMOTIVE							
Principal Prace of Business  2650 S. ORLANDO DR.		Mailing Address 2650 S. ORLANDO DR.	Mailing Address 2650 S. ORLANDO DR.		I santan titt afnin atte Aflik bätte	8141 \$1\$11 \$1\$1	ı dibil dibil bibil	#1811 J#81
SANFORD FL 32773 SANFORD FL 32773-5338					,			
}					3. Date Incorporated or Qualific		Date of Last R	eport
2. Principal	Place of Business	2a. Mailing Address			09/28/1981 4: FEI Number	W	3/11/1996	oplied For
21		26		59-2132221			ot Applicable	
Suite Apt #. etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28		Trust Fund Contribution Added to Fees				
Zip	Country 25	Zip 29	Country 30		This corporation has liability     Florida Statutes	for intangibl		. 199.032,
9. Name and Address of Current Registered Ager			130		10. Name and Address of New			
BE	RGMAN, CARL E.		8	1 Name				
567 W. SPRINGTREE WAY			8	2 Street Add	ress (P.O. Box Number is Not Accep	otable)		
LAI	KE MARY FL 32746		8	3				
			8	4 City	·		85 Zip (	Code
				1		FI	L   ' '	
office or agent I	it to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, Fl	tes, the abo authorized t lorida Statut	ve-named corporal sy the corporal es.	poration submits this statement for the tion's board of directors. I hereby ac	ne purpose xeept the ap	of changing it ipointment as	s registered registered
	Stgnm.re নেভা ল printed name of registered agent and title if applicable. (NOTE: Re			geni signature requi	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	ID DIDECTOR	20 11 40
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO DI	TICENS AN	Change	Addition
NAME	BERGMAN, CARL E.	<del></del>	1.2 NAMI				· ·	-
STREET ADORESS	,		1.3 STREET ADDRESS					
CITY - S1 - ZIF	LAKE MARY FL	DELETE	1.4 CITY				Change	Addition
TIFLE NAME	BERGMAN, SHERRY W.		2.1 TITLE 2.2 NAM	j			C Cidings	Addition
STHEET ADDRESS	TAR IN ARRAMATOR WALL			ET ADDRESS				
CHTY - S1 - ZIP	LAKE MARY FL		2. 4 CITY	<del></del>	· · · · · · · · · · · · · · · · · · ·	4		
TITLE	DELETE		3.1 TITLE				L Change	Addition
NAME STREET ADDRESS			3.2 NAMI 3.3 STRE	ET ADDRESS				
City-ST-7iP			3.4. CITY					
TITLE		DELETE					Change	Addition
NAME				E .				
STREET ADDRESS CITY+ST-ZIF			4.3 STRE 4.4 City	et address - St7ip	•			
HILE		DELETE		-21-21			Change	Addition
NAME			5.2 NAM	E				
STREET ADDRESS			•	ET ADORESS				
CITY - S1 - ZiP TITLE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	DELETE	5.4 CITY 6.1 TITLE		the tipe of tipe of the tipe of tipe of tipe of tipe of the tipe of ti		Change	Addition
NAME		- Viscoli	6.2 NAM	i				
STHEET ADDRESS	; [			ET ADDRESS				

14. I do 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 if changed, or on any alachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED LAME OF SIGNING OFFICER OR DIRECTOR

/4/B197 407 3236894

**FILED** 

Apr 28 1997 8:00am

Secretary of State