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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

APPROVED FILED

99 FEB 12 PM 3:51 SECRETARY OF STATE

1. Corporation Name + F98000002583					MECHINASSEE, FLORIDA	
	F ORLANDO, INC.					
Ortio O	onerated; into				i 1881188 ing 1848 i ibna 6610 8610 8610 8610 8610 anns 11861 anns 11861 anns 1	
Principal Plac	e of Business	Mailing Address			···	
110 SE 6TH S1	r., 20TH FL.	110 SE 6TH ST., 20TH FL.				
FORT LAUDERE		FORT LAUDERDALE FL 33301	l			
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					05/06/1998	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For	
21360	S. Lake Destiney A	126			52-2104777 Not Applicable	
Suite, Apt. #, etc. O Suite, Apt. #, etc.					\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State	ando, FL	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24 32810 25 USA 29 30					Personal Property Tax. X Yes No	
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Registered Agent	
СТ	CORPORATION SYSTEM		81	Name		
	SOUTH PINE ISLAND ROAD		82	Street Add	ddress (P.O. Box Number is Not Acceptable)	
	NTATION FL 33324		83	· ··· —-		
			"			
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes,	the above	named cor	orporation 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.						
SIGNATURE	Signature, typed or printed name of registered agent as	Annual Control of the	- TOT			
12.	OFFICERS AND		13.	t signalure requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	M) DELETE	1.1 TITLE		[]Change Addition	
NAME	HAWKINS, THOMAS W	•	1.2 NAME	!		
STREET ADDRESS	110 SE 6TH ST., 20TH FL.	,	1.3 STREET	ADDRESS	See attachment	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		14 CITY-ST	Γ-2IP		
TITLE	DVS	DELETE.	21 TITLE		Change	
NAME	COLE, JAMES O		22 NAME		4000027767041 -02/16/9901034021	
STREET ADDRESS	110 SE 6TH ST., 20TH FL.	/	23STREET	ADDRESS	-02/16/9901034021	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		2 4 CITY-S	T-ZIP	****150,00 ****150.00	
TITLE	UVLE VATULECN	Y] DELETE	3.1 TITLE		Change Addition	
NAME STREET ADDRESS	440 07 4774 07 44774 77		3 2 NAME	. Aconcoo		
CITY-ST-ZIP	FORM LAUREDON F. F. COOL		33 STREET 34. CITY-S	i		
TITLE	TOTT BRODERDALE TE COORT	☐ DELETE	4.1 TITLE	1. ZIP	[Change	
NAME			4 2 NAME		_ , _	
STREET ADDRESS	•		4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Additio	
NAME		1	5.2 NAME	[
STREET ADDRESS			53 STREET		\	
CITY-ST-ZIP			54 CITY-ST	F- 2iP		
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME			6 2 NAME	LOODECC	1	
STREET ADORESS		,	63 STREET	į į		
CITY-ST-ZIP		 	64 CITY-ST	·ZIP		

I 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 logal 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 an attachment with an address, with all other like empowered.

SIGNATURE:

Orlando Imports, Inc. (qualified in Florida as Saab of Orlando, Inc. and doing business as Saab of Orlando)

<u>OFFICE</u>		NAME
Directors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Thomas W. Hawkins
	***************************************	James O. Cole
President	***************************************	Donald C. Mealey
Exec. Vice 1	President	W. Warner Peacock
Vice Preside	ents	James O.Cole
Secretary	************	James O. Cole
Assistant Se	cretary	W. Warner Peacock
Treasurer	***************************************	Kathleen W. Hyle
Assistant Tr	easurer	W. Warner Peacock

Address for all officers and directors is:

110 SE 6th Street, 20th Floor Fort Lauderdale, Florida 33301