PROFIT CORPORATION ANNUAL REPORT <b>1996</b>			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
		G21631	(8)							
<ol> <li>Corporation</li> </ol>	Name SOTA AUTO CEN		(0)							
OAHAO	OIN NOTO UE	TIEN, HTO,								
Principal Place	of Business		lailing Address					I NAII OHTA TII		
% LOUIS TSELENTIS 2705 NORTH TAMIAMI TRAIL SARASOTA FL 34234			% LOUIS TSELENTIS 2705 MORTH TAMIAMI TRAIL SARASOTA FL 34234							
						3. Date Incorporated or 0 02/04/1983	Qualified		of Last F <b>3/03/19</b>	
2. Principal Pla	ace of Business	2a. 26	. Mailing Address			4. FE# Number 59-2261117	•	- <del></del>		Applied For Not Applicable
Suite, Apt. 4	#, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Di	esired		\$8.7	5 Additional
City & State	<del></del>		City & State			6. Election Campaign Fin	-			Required  May Be
Zip	Cour	try 28	Zip	Cour	ntry	Trust Fund Contributio  8. This corporation has la		ntanoiule ta	Adde	ed to Fees
1	9. Name and Add	29 ress of Current Regis	stered Agent	30	· ··· v · · · · · · · · · · · · · · · ·	Flor da Statutes  10. Name and Address of	Yes	□ No		
					81 Name	IV. Hame and Address	JI NEW N	earstered .	Agent	
	TIS, LOUIS DRTH TAMIAMI TRA	.u		-	82 Street Ad	dress (P.O. Box Number is Not	Acceptab	(e)		
	/13311 1/VIRID-UMI 1735	uL .						-		
SARASO	TA FL 33580			-	83					
SARASC	TA FL 33580								<b>85</b> Z	p Code
11. Pursuant h	o the provisions of Soc	ctions 607.0502 and 60	7.1508, Florida Statul		83   Gity		or the pur	FL pose of che	<u>.                                     </u>	p Code
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II. Pursuant to or registere familiar w.tl	o the provisions of Sec ad agent, or both, in th h, and accept the oblig		0505, Florida Statute:	tes the above red by the co	83   84   City e-hanied corp orporation's bio	ocation submits this statement fo surd of directors. Theraby accep	or the pury	pose of cha pintment as	<u>.                                     </u>	***************************************
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SIGNATURE:

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 chapted, or on an attachment with an authoris.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR 4/30/96 (94)35/-3/35