

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
• 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:21

DOCUMENT # **J41250 (8)**

1. Corporation Name  
**PERFORMANCE TOYOTA, INC.**

Principal Place of Business	Mailing Address
P.O. BOX 9602 4099 LAKE ALFRED RD. WINTER HAVEN FL 33883	P.O. BOX 9602 4099 LAKE ALFRED RD. WINTER HAVEN FL 33883

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/06/1986</b>		3a. Date of Last Report <b>01/24/1994</b>	
2. Principal Place of Business		4. FEI Number <b>59-2735504</b>	
21. State, Apt. #, etc.		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MACALUSO, JOHN, T</b> <b>50 GREENFIELD CT 1750 Crump Road</b> <b>4099 LAKE ALFRED RD. (Alfred)</b> <b>WINTER HAVEN FL 33881</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

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 responsibility of, Section 607.0505, Florida Statutes.

SIGNATURE: *John T. Macaluso* DATE: **1-9-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.2 NAME	1.2 NAME	
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	<b>1750 Crump Road</b>
CITY ST ZIP	1.4 CITY ST ZIP	1.4 CITY ST ZIP	<b>Winter Haven, FL. 33881</b>
TITLE	2.1 TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY ST ZIP	2.4 CITY ST ZIP	2.4 CITY ST ZIP	
TITLE	3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY ST ZIP	3.4 CITY ST ZIP	3.4 CITY ST ZIP	
TITLE	4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY ST ZIP	4.4 CITY ST ZIP	4.4 CITY ST ZIP	
TITLE	5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY ST ZIP	5.4 CITY ST ZIP	5.4 CITY ST ZIP	
TITLE	6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY ST ZIP	6.4 CITY ST ZIP	6.4 CITY 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 Sections 118.07(9)(a), Florida Statutes. I further certify that the information included 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. 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 of this report or on an attached sheet with an address.

SIGNATURE: *John T. Macaluso* DATE: **1-9-95** 1-813-956-1123  
 (QUALIFYING AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR)