

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

FILED

**Apr 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J88401 (1)
1. Corporation Name
CEDAR SHORES AUTO CENTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4598 SE MARICAMP ROAD OCALA FL 34480 US	Mailing Address 4598 SE MARICAMP ROAD OCALA FL 34480 US
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3. Date Incorporated or Qualified 08/18/1987	
4. FEI Number 59-2832575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**JACKSON, R. A.
2000 SE 36 ST.
OCALA FL 34480**

10. Name and Address of New Registered Agent

81 Name	NAME MICHAEL L. SCOTT
82 Street Address (P.O. Box Number is Not Acceptable)	8720 SW 52ND CT.
83	
84 City	OCALA
85 Zip Code	FL 34476

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.

SIGNATURE *Michael Scott* DATE **11/19/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PST JACKSON, R.A. 2000 SE 36 STREET OCALA FL	<input checked="" type="checkbox"/>
TITLE	V JACKSON, JULIE A. 2000 SE 36 STREET OCALA FL	<input checked="" type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PST MICHAEL L. SCOTT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	8720 SW 52ND CT.		
1.3 STREET ADDRESS	OCALA FL. 34476		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 an attachment with an address.

SIGNATURE *Michael Scott* DATE **11/19/98**

CR2E034 (10/97)