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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J91310 (9)

**VOLUSIA SCHWINN AUTO SALES, INC.** 

| FILED              |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|
| Mar 03 1998 8:00am |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |



|  |  |   |                                    |   |                                | <u> </u>   |   |                      |  |
|--|--|---|------------------------------------|---|--------------------------------|--|---|----------------------|--|
| Principal Place of Business Mailing Address  |  |   |                                    |   |                                | 1 1891114 BING 18181 11000 11101 11911 0011 91   | \$11 \$121) <b>0</b> 1\$11 <b>0</b> 1811 <b>3</b> 181 | # <b>212</b> 11 1821 |  |
| 23 S YONGE ST 23 S YONGE ST                  |  |   |                                    |   |                                |  |   |                      |  |
| ORMOND BOL                                   | I FL 32174   |   | ORMOND BCH FL 32174                |   |                                | OO NOT WRITE IN  | DO NOT WINTE IN THIS SPACE                            |                      |  |
| U\$ US                                       |  |   |                                    |   |                                |  | DO NOT WRITE IN THIS SPACE                            |                      |  |
|  |  |   |                                    |   |                                | <ol> <li>Date Incorporated or Qualified<br/>09/04/1987</li> </ol>                                |   |                      |  |
| 2. Principal Pl                              | ace of Business  | 2a. Mailing   | Address                            |   |                                | 4, FEI Number  | Ap  | plied For            |  |
| 21   |  | 26  |                                    |   |                                | 59-2890326   | No  | ot Applicable        |  |
| Suite, Apt.                                  | #, etc.  | Suite, A  | pt. #, etc.                        |   |                                |  | \$8.75  | Additional           |  |
| 22   |  | 27  | 27                                 |   |                                | b. Certificate of Statos Desired   | Fee Re  | eniupe               |  |
| City & State                                 | )  | City & S  | City & State                       |   |                                | Election Campaign Financing  | \$5.00  | May Be               |  |
| 23   |  | 28  | 28                                 |   |                                | Trust Fund Contribution Added to Fees  |   |                      |  |
| Zip Country Zi                               |  |   | Zip Country                        |   |                                | 8. This corporation owes or has paid the current year Intangible                                 |   |                      |  |
| 24   | 25   | 29  | 36                                 | 0   |                                | Personal Property Tax due June 30. Yes No  |   |                      |  |
|  | <del>. v</del>   | of Current Registered Ag                                  | ent                                |   |                                | 10. Name and Address of New Regis  | tered Agent   |                      |  |
|  | STFALL, RICHARD L  |   |                                    | 81  | Name                           |  |   |                      |  |
|  | 2 Fildgewood ave<br>Uth Daytona Fl 32011   | <b>n</b>  |                                    | 82  | Street Ad                      | ess (P.O. Box Number is Not Acceptable)  |   |                      |  |
| 301  | UIN DATIONA FL SZUI  | <del>o</del>  |                                    | 83  | •                              |  |   |                      |  |
|  |  |   |                                    | 84  | City                           |  | FL 85 Zip (   | Code                 |  |
|  |  |   | <u> </u>                           |   |                                |  |   |                      |  |
| 11. Pursuant t<br>office or re<br>agent. Lar | to the provisions of Sections<br>egistered agent, or both, in<br>m familiar with, and accept | the State of Florida, Such<br>the obligations of, Section | change was aut<br>607.0505, Florir | , the above<br>thorized by<br>da Statute: | a-named co<br>the corpor<br>3. | rporation submits this statement for the purp<br>ation's board of directors. I hereby accept the | ne appointment as                                     | registered           |  |
| SIGNATURE                                    |  |   |                                    |   |                                |  |   |                      |  |
|  | Signature, typed or printed name of re   |   | (NOTE F                            |   | per erutengia fri              |  | DATE  |                      |  |
| 12.  |  | DERS AND DIRECTORS  | DELETE                             | 13.                                       | <del> </del>                   | ADDITIONS/CHANGES TO OFFICER   | Change  | Addition             |  |
| TITLE  | D<br>Westfall, Richard   | _   |                                    | 1.1 TITLE                                 |                                |  | C Ougusto   |                      |  |
| NAME   | 3132 S. RIDGEWOOD  |   |                                    | 1.2 NAME                                  |                                |  |   |                      |  |
| STREET ADDRESS                               | SOUTH DAYTONA FL   |   | l                                  | 1.3 STREET                                |                                |  |   |                      |  |
| CITY-ST-ZIP                                  |  |   | DELETE                             | 1.4 CITY - S                              | T-ZIP                          |  | ☐ Change  | Addition             |  |
| TITLE  | ST MESTERI HIDITH  | L   | _] DECEME                          | 2.1 TITLE                                 |                                |  | ☐ Cuande  | L. Addition          |  |
| NAME   | WESTFALL, JUDITH   | ARE   | 1                                  | 2.2 NAME                                  |                                |  |   |                      |  |
| STREET ADDRESS                               | 3132 RIDGEWOOD AV  | VE  |                                    | 2.3 STREET                                |                                |  |   |                      |  |
| CITY-ST-ZIP                                  | S. DAYTONA FL  |   | DELETE                             | 2. 4 CiTY-                                | ST-ZIP                         |  | Change  | ☐ Addition           |  |
| TITLE  |  | L   | ] DELETE                           | 3.1 TITLE                                 |                                |  | L. Change   | ☐ <b>20</b> 0000011  |  |
| NAME   |  |   | ŀ                                  | 3.2 NAME                                  |                                |  |   |                      |  |
| STREET ADDRESS                               |  |   | !                                  | 3.3 STREET                                |                                |  |   |                      |  |
| CITY-ST-ZIP                                  |  |   | Dructe                             | 3.4. CITY-                                | ST-ZIP                         |  | Change  | Addition             |  |
| TITLE  |  | L   | ] DELE <b>te</b>                   | 4.1 TITLE                                 |                                |  | cronge  | ☐ ₩ûtitigit          |  |
| NAME   |  |   |                                    | 4. 2 NAME                                 |                                |  |   |                      |  |
| STREET ADDRESS                               |  |   |                                    | 4.3 STREET                                |                                |  |   |                      |  |
| CITY-ST-ZIP                                  |  |   | DELETE                             | 4.4 CITY-5                                | T-ZIP                          |  | ☐ Change  | Addition             |  |
| TITLE  |  | L   | T DEFEIR                           | 5.1 TITLE                                 |                                |  | ☐ credige   |                      |  |
| NAME   |  |   |                                    | 5.2 NAME                                  |                                |  |   |                      |  |
| STREET ADDRESS                               |  |   |                                    | 5.3 STREET                                |                                |  |   |                      |  |
| CITY-ST-ZIP                                  | <del></del>  | <del></del>   | T nevere                           | 5.4 CITY - 9                              | T-ZIP                          |  | Charre  | Addition -           |  |
| TITLE  |  | l.  | DELETE                             | 6.1 TITLE                                 |                                |  | ☐ Change  | Addition             |  |
| NAME   |  |   |                                    | 6.2 NAME                                  |                                |  |   |                      |  |
| STREET ADDRESS                               | · ·  |   |                                    | 6.3 STREET                                | ADDRESS                        |  |   |                      |  |
| CITY-ST-ZIP                                  | •  |   |                                    | 6.4 CITY - S                              | T-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 trusten ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on any attachment with further address.