

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **K12251** (0)  
1. Corporation Name  
**BRANDON BUICK, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>9205 E ADAMO DR<br/>P.O. BOX 850<br/>TAMPA FL 33619<br/>US</b> | Mailing Address<br><b>9205 E ADAMO DR<br/>P.O. BOX 850<br/>TAMPA FL 33619<br/>US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br><b>01/15/1988</b>   |  |
| 21  |  | 26   |  | 4. FEI Number<br><b>59-2864738</b>   |  |
| 22  |  | 27   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 23  |  | 28   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 24  |  | 29   |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**BLEIWEISS, JEFFREY L.  
9205 E ADAMO DR  
TAMPA FL 33619**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE             | 1.1 TITLE   | <b>PDT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <b>SLIVKA, RONALD L.</b>                              | 1.2 NAME  |  |
| STREET ADDRESS             | <b>6086 ROLLING GREEN DRIVE</b>                       | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>GRAND BLANC MI</b>                                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>STD</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | <b>WEINMAN, ROBERT H.</b>                             | 2.2 NAME  |  |
| STREET ADDRESS             | <b>327 RUST PARK DRIVE</b>                            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>GRAND BLANC MI</b>                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>AST</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | <b>BLEIWEISS, JEFFREY L.</b>                          | 3.2 NAME  |  |
| STREET ADDRESS             | <b>1203 MOONDALE COURT</b>                            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>VALRICO FL</b>                                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VPD</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <b>VP3RD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STANLEY, MICHAEL A</b>                             | 4.2 NAME  |  |
| STREET ADDRESS             | <b>7103 WAREHAM DR</b>                                | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                                       | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 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  **JEFFREY L. BLEIWEISS** 4/5/98 813 689 9297

CR2E034 (10/97)