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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K33616

(9)

FLORIDA IMPORTS OF FT. MYERS, INC.

FILED
May 01 1997 8:00am
Secretary of State



Priorinal Pt	tace of Business	Mailing Address							
Principal Place of Business Mailing Address  ** RICHARD J. STEHL  ** RICHARD J. STEHL									
1957 CUSTO			1957 CUSTOM DRIVE FORT MYERS FL 33907-2101						
FURI MIERS	5 FL 3390/	FORI WILLIO FE S	N30/12/01			3. Date incorporated or Qualified 09/21/1988		e of Last 3/1996	Report
	Il Place of Business	<del></del>	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State			4. FEI Number		<del> </del>	oplied For
Suita Ar	pt. #, etc.					¢0.7E			lot Applicable
2]	μι. », « ω.	<del></del>				6. Election Campaign Financing \$5.00 May Be			
City & S	itale	City & State							
3	Country	28		Country		Trust Fund Contribution	<u> </u>		to Fees
Zip <b>4</b> ]	25 Country	Zip <b>29</b>	30	JUHRY		<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	intangible t Yes	ax under No	s. 199.032,
.1	9. Name and Address of Cur		1001	Τ.	·····	10. Name and Address of New R			
ST	TEHL, RICHARD J.			81	Name				
1957 CUSTOM DRIVE				82	Street Addi	et Address (P.O. Box Number is Not Acceptable)			
FORT MYERS FL 33907									
				83					
				84	City		FL	<b>85</b> Zip	Code
11 Pureua	ent to the provisions of Sections 607.	0502 and 607 1508. Florid	la Statutes, the	ahov	e-named corr	poration submits this statement for the ion's board of directors. I hereby acceptance	purpose of	changing	its registere
agent. SIGNATUR	RF.								
12.	Styriatore, typed or printed canal of registered	d agent and title if applicable. AND DIRECTORS	(NOTE: Registe		ant signature requi	ed when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	nes INI 12
ili	D	DE		TITLE	T	ADDITIONO/OFFARGES TO OFF		Change	
AME.	STEHL, RICHARD J.		1.2	NAME					
TREET ADORES			1.33		ADDRESS				
(TY-ST ZIP	FORT MYERS FL			CITY-	ST-ZIP			-	
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AME			3.2	NAME					
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TY-\$1-ZIP				CITY-S	51-2IP				
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AME				NAME					
TREET ADORES	SS				ADDRESS				
TILE		DEI DEI		CITY-S TITLE	51 - ZIP	· · · · · · · · · · · · · · · · · · ·	<del></del> ,	Change	☐ Additi
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STREET ADORES	98				1				
			6.3	STREE1	ADDRESS				
11Y - S1 - 7IP				STREE1 CITY-1					

Too nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turner certify that the information indicated on this influed 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 composition or the receiver of trulines empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attacking within a specific process.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99 94/28/623