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 # K33616

(9)

FLORIDA IMPORTS OF FT. MYERS, INC.

| FILED | |
|--------------------|---|
| Apr 17 1998 8:00am | 1 |
| Secretary of State | |



| Principal Place of Business Mailing Address | | | | |
|--|--|-------------|---------------------------------------|---|
| % RICHARD J. STEHL 1957 CUSTOM DRIVE FORT MYERS FL 33907 | % RICHARD J. STEHL 1967 CUSTOM DRIVE FORT MYERS FL 33907 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified |
| 2. Principat Place of Business | 2a, Mailing Address | | | 09/21/1988 4, FEI Number Applied For |
| 21 | 28. Walling Address | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | 27 | | | 5. Certificate of Status Desired Fee Required |
| City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | 28 | | · · · · · · · · · · · · · · · · · · · | Trust Fund Contribution |
| Zip Gountry | Zip | Coun | try | 8. This corporation owes or has paid the current year Intangible |
| 25 25 Name and Address of Current | Panistered Agent | 30 | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| | megiateted Agent | | 11 Name | 10, name and Addipss of Hew negligible Agent |
| STEHL, RICHARD J. 1957 CUSTOM DRIVE | | | | |
| FORT MYERS FL 33907 | | | Street Add | ress (P.O. Box Number is Not Acceptable) |
| 7 3117 1112110 12 33337 | | Ī | 13 | |
| | | ī | 4 City | 85 Zip Code |
| | 1005 1000 51 | | | FL 63 20 COO |
| 11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation. | of Florida, Such change was a | authorized | by the corpora | poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | |
| Signature, typed or printed name of registried agos 12. OFFICERS AND | | | igent signature requi | red when reinstating) DATE ADDITIONS (CHANGES TO DESIGNED AND DIRECTORS IN 149 |
| 12. OFFICERS AND | DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME STEHL, RICHARD J. | | 1.2 NAN | | |
| STREET ADDRESS 1957 CUSTOM DRIVE | | | ET ADDRESS | |
| CITY-ST-ZIP FORT MYERS FL | | 1 | -ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITL | | Change Addition |
| NAME | | 2.2 NAM | Æ | |
| STREET ADDRESS | | 2.3 STR | ET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CIT | (-S1-7/P | |
| TITLE | DELETE | 3.1 TITL | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAN | | |
| STREET ADDRESS | | 1 | ET ADDRESS | |
| CiTY-ST-ZIP | DELETE | | /-SI-ZIP | Charter D Addition |
| TITLE | LJ OELERE | 4.1 TITL | | ☐ Change ☐ Addition |
| NAME CIDENT ADDRESS | | 4. 2 NAI | 1 | |
| STREET ADDRESS | | | E1 ADDRESS | |
| CITY-ST-ZIP | DELETE | 5.1 TITL | - ST - ZIP | ☐ Change ☐ Addition |
| NAME | | 5.2 NAM | 1 | Same Crimings and Francisco |
| STREET ADDRESS | | | ET ADDRESS | |
| CITY-ST-ZIP | | | -ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITL | | Change Addition |
| NAME | | 6.2 NAM | E | |
| STREET ADDRESS | | 6.3 STR | ET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY | - ST- ZIP | į |

Thereby 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 changes, or on an attachment with an address.

IGNATURE:

| Chapter 607 | 19.07(3)(i) | Florida Statutes | I further certify that the information indicated on this 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 changes.

SIGNATURE: