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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29 1998 8:00am Secretary of State

<u> </u>	1998	DIVISION OF	CORPOR	AHU	NNS	Secretary or	Stat	
DOCUMENT # K44107 (6) LAKEVIEW AUTO SALES OF WEEKI WACHEE, INC.							11 B184 B184 B18	
Principal Place	a of Business	Mollo- Address						
Principal Place		Mailing Address						
15011 US HW HUDSON FL 3		15011 US HWY 19 HUDSON FL 34667						
						DO NOT WRITE IN THIS	SPACE	 i
						3. Date Incorporated or Qualified 11/08/1988		1
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				59-2916784		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & State		City & State				<u> </u>		equired
23	<u> </u>	28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	intry	 	8. This corporation owes or has paid the cu	· L.	
24	25	29	30			Personal Property Tax due June 30.	Yes [No No
	9, Name and Address of Curren	t Registered Agent		81	Nama	10. Name and Address of New Registered	Agent	
	LTER, SHARON K			•,	Name			
9052 DUPONT AVE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SPRINGHILL FL 34608				83				
					0"		1.51 7:	
ļ				84	City	Fl	. i i i	Code
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 region 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 regist agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.								ts registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607,0505, F	lorida Sta	tutes	·	one operation and determine ap	political do	- inglocolog
SIGNATURE	Signature, typed or printed name of registered age	out and title if poplicable (NIC)	TE: Bagletore	d Appr	t elanotus ragules	d when reinstating) DATE		
12.	OFFICERS ANI		13.	u ngo	4 algitude reduce	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	DP			TLE			Change	Addition
NAME	WALTER, RICHARD L		1.2 N	AME	}			-
STREET ADDRESS	4287 BAVRIDGE CT		1.3 \$1	REET A	ADDRESS	•		ļ
CITY-ST-ZIP			TY-ST	- ZIP		[Obs.	T A Adise -	
TITLE NAME	ST DELETE 2.17 WALTER, SHARON K 2.28					L Change	∐ Addition	
STREET ADDRESS	4287 BAYRIDGE CT		2.2 N		nnagee]
CITY-ST-ZIP	SPRINGHILL FL		2.3 STREET ADDRES 2.4 CITY-ST-ZIP					-
TITLE	DELETE 3.17					Change	Addition	
NAME			3.2 N	ME	1			, (
STREET ADDRESS			3.3 S	REET A	ADDRESS			-
CITY-ST-ZIP				17Y-S	í - ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NAME STREET ADDRESS			4.2 N		annesee			1
CITY-ST-ZIP			4.3 STREET 4.4 CITY - S					Ì
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 N	ME	1			j
STREET ADDRESS			5.3 ST	REET A	ADDRESS			1
CITY - ST - ZIP				TY-ST	-ZIP			
TITLE		DELETE	6.1 TI		ļ 		L Change	L Addition
NAME STREET ADDRESS			6.2 N		ADDRESS			{
CITY-ST-ZIP				rce i A TY-ST				
			V.7 U					

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

LAZURE AND THEOGRAPHISTED NAME OF STORING OFFICER OR DIRECTOR

1-21-98

(313) 869-1176