Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90138 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K51181**

1. Corporation Name

ALEX'S I	House of Volkswagens	, INC.							
Principal Place	e of Rusiness	Mailing Address				T ENDINGTH OR UTTOUR FIRMS TO AND TOTAL FIRMS	JION BIBN BIBN O	HERE BIRTH FRA	
C/O ALEX SAB 1401 S. MISSOU CLEARWATER F	o Uri avenue	C/O ALEX SABO 1401 S. MISSOURI AVENUE CLEARWATER FL 34616				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/21/1988			
2. Principal Pl	lace of Business	2a. Mailing Address 26				4. FEI Number 59-293 1699	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired Fee Required			
City & State	ě	City & State				* 6, Election Campaign Financing Trust Fund Contribution	* *	May Be to Fees	
Zip 24	Country 25	Zip 29	Zip Country			This corporation owes the current year In Personal Property Tax.	itangible □ Yes	□No	
24	9. Name and Address of Current					10. Name and Address of New Registered Agent			
	S. Hamo and Add. 550 C. Co. To.			81	Name				
	o, alex S. Misso uri avenue	82		Street Ad	ddress (P.O. Box Number is Not Acceptable)				
	ARWATER FL 34616			83	· · · · · · · · · · · · · · · · · · ·				
٠.	1000		84 City			FI	85 Zip	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	uthorized	יעם ב	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the pu	f changing its intment as re	registered egistered	
	Signature, typed or printed name of registered agent			l Agen	t signature requ	uired when reinstating) DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO ☐ Change	Addition	
TITLE			1.1 TI				□ Change	L Addition	
NAME .	J. 25 7 1		1.2 N		1			1	
STREET ADDRESS	1401 S. MISSOURI AVE		1.3 STREET ADDRESS		ADDRESS			ļ	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		T-ZIP		Change	Addition	
TITLE ''	D DELETE		; 2.1 TI	2.1 TITLE			☐ Cliange	L Addition	
NAME	SABO, GOLDIE		2.2 N	AME]	
STREET ADDRESS	1401 S. MISSOURI AVE		2.3 5	TREET	ADDRESS	· ·		ŀ	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		T-ZIP			- Addition	
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TITLE		DELETE	5.1 T		1		☐ Change	☐ Addition	
NAME	·		5.2 N			•		j	
STREET ADDRESS			5.3 S	TREET	ADDRESS			Į	
CITY-ST-ZIP			_	TY-\$1	T-ZIP				
TITLE		☐ DELETE	6.1 Ti	TLE		•	☐ Change	Maddition	

6.4 CITY-ST-ZIP 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE REQUIRED

727-443-4825