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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

/Q

GERM	AN CAR CENTER OF VEN	ICE, INC.		1 MARIA MARIA DA ARABA MARIA MAR	
Principal Place of	of Business	Mailing Address			
509 CYPRESS VENUE VENICE FL 34292		509 CYPRESS VENUE VENICE FL 34292			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				03/09/1989	01/20/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0104335	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
Oity & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1 2000	Trust Fund Contribution	Added to Fees
Zφ 	Country	Zip	Country	8. This corporation has liability for	intangible tax under s 199.032,
24	25 25 Name and Address of Curren	29	30	Florida Statutes Yes 10. Name and Address of New F	
	J. Hallo and Address of Carter	n negistored rigent	81 Name	10. Italie Bild Addiose of Itali F	registered Agent
_					
	IULLER, WOLFGANG		82 Street Add	dress (P.O. Box Number is Not Acceptat	(ek
	PRESS AVENUE		83		
VENICE	FL 34292				
			84 City		FL 85 Zip Code
familiar with	, and accept the obligations of, Sect	tion 607.0605, Florida Statutes.	ed by the corporation's boa	oration submits this statement for the pur and of directors. I hereby accept the app	ointment as registered agent. I am
familiar with	i, and accept the obligations of, Sect gradue, typed or printed have of registered agent	ion 607.0505, Florida Statutes.	TE Registered Agent signa are required.	ard of directors. I hereby accept the app	DATE
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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 eath, 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: I. Shite Willer I. Stutzmuller 2/23/96 941-484-1606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deta: Deta: