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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

K85542 DOCUMENT #

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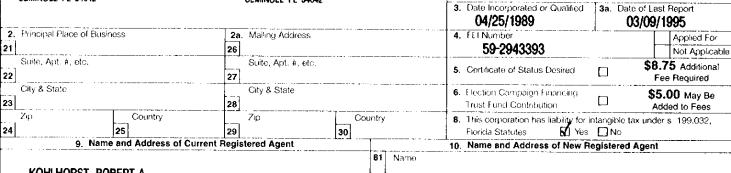
LAKE POINTE MOTORS, INC.

Throughout leade on Excisin local
C/O ROBERT A. KOHLHORST
6105 SEMINOLE BLVD.
SEMINOLE EL 34642

Principal Plane of Rusinoss

Mailing Address

C/O ROBERT A. KOHLHORST 6105 SEMINOLE BLVD. SEMINOLE FL 34642



KOHLHORST, ROBERT A. 6105 SEMINOLE BLVD. SEMINOLE FL 34642

		10. Name and Address of New Registered Agent
1	81	Name
Ì	82	Street Address (P.O. Box Number is Not Acceptable)
ŀ	83	
t	84	City 85 Zip 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 registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE .	Signature: typed or printed name of registered agent and title	ut analisakski (MO	TE Registered Agent signature recorder	DATE
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE	PD	☐ DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	Kohlhorst, Robert A.		1.2 NAME	
SIREET ADDRESS	3400 GULF BLVD. #304		1.3 STHEET ADDRESS	
CITY-SI-ZIF	Belleair Béach Fl		14 CITY - S* - 7IP	
TITLE	STD	☐ DELETE	2 1 TIFLE	Change Add tion
NAME	KOHLHORST, MARY L.		2.2 NAME	-
STREET ADDRESS	3400 GULF BLVD. #304		2 3 STREET ADDRESS	
CITY - S1 - ZIP	BELLEAIR BEACH FL		2 4 CHY - ST - ZIP	
TITLE		☐ DELFTE	a i title	Change Addition
NAME			3.2 NAME	
STHEET ADDRESS			3.3 STREET ADDRESS	
CHY-ST-ZIF			3 4 CITY - S1 - ZIF	
THLE		☐ DEFELE	4 1 TIBLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - S1 - ZIF			4.4 CHTY+ST ZIP	
TIFLE		DELETE	5 1 TITLE	Cnange Add tion
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - 7IP			5.4 C+1Y+S1+Z+P	
Inte		DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			64 CITY - ST - ZIP	

certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes | 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:

OR DIRECTOR

393-0852

JHZE034 (12/95)