

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L02982** (1)

1. Corporation Name

**NATIONWIDE FLEET AUTO SALES, INC.**



Principal Place of Business

Mailing Address

**C/O TERRANCE H. DITTMER, ESQUIRE  
POST OFFICE BOX 941690  
MAITLAND FL 32794-8690**

**C/O TERRANCE H. DITTMER, ESQUIRE  
POST OFFICE BOX 941690  
MAITLAND FL 32794-8690**

2. Principal Place of Business

2a. Mailing Address

21 **Post Office Box 521869**  
Suite, Apt. #, etc.

26 **Post Office Box 521869**  
Suite, Apt. #, etc.

22  
City & State

27  
City & State

23 **Longwood, FL**

28 **Longwood, FL**

24 **32752**  
Zip

25 **USA**  
Country

29 **32752**  
Zip

30 **USA**  
Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**07/19/1989**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2956920**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person making this filing is required.

Signature of Registered Agent is required when registering.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **DP  
VASTERLING, TERRENCE J.**  
STREET ADDRESS **683 N. GLENN DRIVE  
ALTAMONTE SPGS FL**  
CITY, ST, ZIP

2. TITLE ☐ DELETE

NAME **DST  
VASTERLING, JUDITH E.**  
STREET ADDRESS **683 N. GLENN DRIVE  
ALTAMONTE SPGS FL**  
CITY, ST, ZIP

3. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

2. 2. TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

3. 3. TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

4. 4. TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

5. 5. TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

6. 6. TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Terrence J. Vasterling*  
**Terrence J. Vasterling**

*2/9/96*  
**2/9/96**

*467-3295700*  
**467-3295700**

CR2E034 (12/95)