

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

FILED
May 08 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **L75020** (2)
1. Corporation Name
BEHR AUTO SALES, INC.



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| Principal Place of Business % STEVE SZABO 6550 BAYSHORE RD N FT MYERS FL 33917 | Mailing Address % STEVE SZABO 6550 BAYSHORE RD N FT MYERS FL 33917 |
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DO NOT WRITE IN THIS SPACE

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| 3. Date Incorporated or Qualified 05/22/1990 | |
| 4. FEI Number 65-0203981 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|--|--|----|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 30 | |
| 9. Name and Address of Current Registered Agent TOM JOHN 6009 HOLLOX DR. NAPLES FL <i>He left The Country</i> | | | 10. Name and Address of New Registered Agent 81 Name STEVE SZABO 82 Street Address (P.O. Box Number is Not Acceptable) 7467 DANA LIN CIR 83 84 City NORTH FORT MYERS FL 85 Zip Code 33917 | | |

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 **STEVE SZABO PRESIDENT Steve Szabo** 4-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|--|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SZABO, STEVE 6550 BAYSHORE RD. N. FT MYERS FL | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TOM JOHN 6009 HOLLOX DR. NAPLES FL | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: **Steve Szabo STEVE SZABO** 4-20-98 941-731-7377

CR2E034 (10/97)