## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L75020

BEHR AUTO SALES, INC.

Principal Place of Business

Mailing Address

## **FILED** Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90039 027 \*\*\*150.00



% STEVE SZAB 6550 BAYSHOR N FT MYERS F	RE RD	% STEVE SZABO 6550 BAYSHORE RI N FT MYERS FL 33			DO NOT WR  3. Date Incorporated or Qualifed  05/22/1990	ITE IN THIS SPACE .		] .
A. Dainainal Di	lace of Business	2a. Mailing Addres	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For	1.
	INCE OF DUSINESS.	<b>⊢</b>		•	65-0203981	<b>5</b> —↓	lot Applicable	1;
21		26 Suite, Apt. #, e			05-0203901		Additional	1
Suite, Apt.	#, etc.	27 Suite, Apt. #, e	iiG.		5. Certifcate of Status Desired	1 4	Required	
City & State	6	City & State			6. Election Campaign Financing	\$5.0€	D May Be	
23		28			Trust Fund Contribution	Added	to Fees	1
Zip	Country	Zip	Cour	ntry	8. This corporation owes the cur	rent year Intangible		
24	25	29	30		Personal Property Tax.	Yes	□No	_
1	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent		4
		•		81 Name				
SZAI 7467	BO, STEVE 7 Dana Lin Cir			82 Street Add	dress (P.O. Box Number is Not Accept	table)		1
	RTH FT MYERS FL 33917			83				1
•		•		84 City	en in the constant of the cons	FL [ ]	Code	1
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida f Florida, Such change	Statutes, the at was authorized	pove-named cor by the corporat	rporation submits this statement for the tion's board of directors. I hereby acce	e purpose of changing in ept the appointment as	ts registered registered	
SIGNATURE			-				<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered		red when reinstating)	DATE		(go
SIGNATURE	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable.  DIRECTORS	(NOTE: Registered	Agent signature requir	<i>μ</i>	DATE FFICERS AND DIRECT	ORS IN 12	11/08)
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable.	(NOTE: Registered 13. ETE 1.1 TIT	Agent signature requir	red when reinstating)	DATE	ORS IN 12	4.744.081
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent of OFFICERS AND P SZABO, STEVE	and title if applicable.  DIRECTORS	(NOTE: Registered 13. ETE 1.1 117 12 NA	Agent signature requir	red when reinstating)	DATE FFICERS AND DIRECT	ORS IN 12	0247447081
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title if applicable.  DIRECTORS	(NOTE: Registered 13. ETE 1.1 TIT 12 NA 1.3 STI	Agent signature requir LE ME REET ADDRESS	red when reinstating)	DATE FFICERS AND DIRECT	ORS IN 12	2E0347/11/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent of OFFICERS AND P SZABO, STEVE	and title of applicable.  D DIRECTORS  DEL	(NOTE: Registered 13. ETE 1.1 TIT 12 NA 1.3 ST 1.4 CIT	Agent signature requir LE ME REET ADDRESS TY-ST-ZIP	red when reinstating)	DATE FFICERS AND DIRECT	ORS IN 12	1 DOEODO47
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title if applicable.  DIRECTORS	(NOTE: Registered  13. ETE 1.1 TII 12 NA 1.3 ST 1.4 CII ETE 2.1 TII	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE	red when reinstating)	DATE FFICERS AND DIRECT	ORS IN 12	1 DOEODO47
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title of applicable.  D DIRECTORS  DEL	(NOTE: Registered 13. ETE 1.1 TIT 12 NA 1.3 ST 1.4 CIT	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE	red when reinstating)	DATE FFICERS AND DIRECT	ORS IN 12	1 DOEODO47
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title of applicable.  D DIRECTORS  DEL	(NOTE: Registered  13. ETE 1.1 TII 1.2 NA 1.3 STI 1.4 CII ETE 2.1 TII 2.2 NA	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE	red when reinstating)	DATE FFICERS AND DIRECT	ORS IN 12	1 DOEODO47
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title if applicable.  DIRECTORS  DEL	(NOTE: Registered  13. ETE 1.1 TII 12 NA 1.3 STI 1.4 CII ETE 2.1 TII 22 NA 23 ST 2.4 CI 2.4 CI	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME	red when reinstating)	DATE  FFICERS AND DIRECT  Change	FORS IN 12  Addition	1 DOEODO47
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title of applicable.  D DIRECTORS  DEL	(NOTE: Registered  13. ETE 1.1 TII 12 NA 1.3 STI 1.4 CII ETE 2.1 TII 22 NA 23 ST 2.4 CI 2.4 CI	Agent signature requir  LE  ME  REET ADDRESS  TY-ST-ZIP  ME  REET ADDRESS  TY-ST-ZIP	red when reinstating)	DATE FFICERS AND DIRECT	FORS IN 12  Addition	1 DOEODO47
SIGNATURE  12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title if applicable.  DIRECTORS  DEL	(NOTE: Registered  13. ETE 1.1 TII 12 NA 1.3 STI 1.4 CII ETE 2.1 TII 22 NA 23 ST 2.4 CI 2.4 CI	Agent signature requir  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	red when reinstating)	DATE  FFICERS AND DIRECT  Change	FORS IN 12  Addition	1 DOEODO47
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title if applicable.  DIRECTORS  DEL	(NOTE: Registered  13.  ETE 1.1 TII  12 NA  1.3 STI  1.4 CII  22 NA  23 ST  2.4 CI  ETE 3.1 TII  32 NA	Agent signature requir  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	red when reinstating)	DATE  FFICERS AND DIRECT  Change	FORS IN 12  Addition	1 DOEODO47
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title if applicable.  DIRECTORS  DEL	(NOTE: Registered  13.  ETE 1.1 TII 1.2 NA 1.3 STI 1.4 CI ETE 2.1 TII 2.2 NA 2.3 ST 2.4 CI ETE 3.1 TII 3.2 NA 3.3 ST	Agent signature requir  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE	red when reinstating)	DATE  FFICERS AND DIRECT  Change	FORS IN 12  Addition	1 DOEODO47
SIGNATURE  12.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title if applicable.  DIRECTORS  DEL	(NOTE: Registered  13.  ETE 1.1 TII  12 NA  1.3 STI  1.4 CII  22 NA  23 ST  2.4 CI  ETE 3.1 TII  32 NA  33 ST  34. CI	Agent signature requir  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS	red when reinstating)	DATE  FFICERS AND DIRECT  Change	ORS IN 12  Addition  Addition	CB2E0347
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE	Signature, typed or printed name of registered agent of OFFICERS AND PSZABO, STEVE 6550 BAYSHORE RD.	and title if applicable.  D DIRECTORS  DEL	(NOTE: Registered  13.  ETE 1.1 TII  12 NA  1.3 STI  1.4 CII  22 NA  23 ST  2.4 CI  ETE 3.1 TII  32 NA  33 ST  34. CI	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP	red when reinstating)	DATE FFICERS AND DIRECT Change	ORS IN 12  Addition  Addition	CB2E0347
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME	P SZABO, STEVE 6550 BAYSHORE RD. N. FT MYERS FL	and title if applicable.  D DIRECTORS  DEL	(NOTE: Registered  13.  ETE 1.1 TIT  12 NA  1.3 STI  1.4 CIT  2.2 NA  2.3 STI  2.4 CI  ETE 3.1 TIT  3.2 NA  3.3 STI  3.4 CI  ETE 4.1 TIT  4.2 NA	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME	red when reinstating)	DATE FFICERS AND DIRECT Change	ORS IN 12  Addition  Addition	CB2E0347
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	P SZABO, STEVE 6550 BAYSHORE RD. N. FT MYERS FL	and title if applicable.  D DIRECTORS  DEL	(NOTE: Registered  13.  ETE 1.1 TIT  12 NA  1.3 STI  1.4 CIT  22 NA  23 ST  2.4 CI  ETE 3.1 TIT  3.2 NA  3.3 ST  3.4 CI  ETE 4.1 TIT  4. 2 NJ  4.3 ST	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS	red when reinstating)	DATE FFICERS AND DIRECT Change	ORS IN 12  Addition  Addition	CB2E0347
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P SZABO, STEVE 6550 BAYSHORE RD. N. FT MYERS FL	and title if applicable.  D DIRECTORS  DEL	(NOTE: Registered  13.  ETE 1.1 TIT  12 NA  1.3 STI  1.4 CIT  2.2 NA  2.3 STI  2.4 CIT  3.1 TIT  3.2 NA  3.3 STI  3.4 CIT  4.2 NA  4.3 STI  4.4 CIT  4.4 CIT	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP	red when reinstating)	DATE FFICERS AND DIRECT Change	ORS IN 12  Addition  Addition	// CD3E034/
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME	P SZABO, STEVE 6550 BAYSHORE RD. N. FT MYERS FL	and title of applicable.  D DIRECTORS  DEL  DEL	(NOTE: Registered  13.  ETE 1.1 TIT  12 NA  1.3 ST  1.4 CIT  22 NA  2.3 ST  2.4 CI  ETE 3.1 TIT  3.2 NA  3.3 ST  3.4 CI  ETE 4.1 TIT  4.2 NA  4.3 ST  4.4 CI  4.4 CI  4.4 CI	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE	red when reinstating)	DATE  FFICERS AND DIRECT Change Change	ORS IN 12  Addition  Addition  Addition	// CD3E034/
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	P SZABO, STEVE 6550 BAYSHORE RD. N. FT MYERS FL	and title of applicable.  D DIRECTORS  DEL  DEL	(NOTE: Registered  13.  ETE 1.1 TIT  12 NA  1.3 STI  1.4 CIT  22 NA  23 ST  2.4 CI  ETE 3.1 TIT  3.2 NA  3.3 ST  3.4 CI  ETE 4.1 TIT  4. 2 N/  4.3 ST  4.4 CIT  5.1 TIT  5.2 NA	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME	red when reinstating)	DATE  FFICERS AND DIRECT Change Change	ORS IN 12  Addition  Addition	// CD3E034/
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	P SZABO, STEVE 6550 BAYSHORE RD. N. FT MYERS FL	and title of applicable.  D DIRECTORS  DEL  DEL	(NOTE: Registered  13.  ETE 1.1 TIT  12 NA  1.3 ST  1.4 CIT  22 NA  23 ST  2.4 CI  ETE 3.1 TIT  32 NA  33 ST  3.4 CI  ETE 4.1 TIT  4. 2 N/  4.3 ST  4.4 CI  ETE 5.1 TIT  52 NA  53 ST	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  MME  REET ADDRESS  IY-ST-ZIP  LE  MME  REET ADDRESS  IY-ST-ZIP  LE  MME  REET ADDRESS  IY-ST-ZIP  REET ADDRESS  IY-ST-ZIP  REET ADDRESS  REET ADDRESS	ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIRECT Change Change	ORS IN 12  Addition  Addition	// CD3E034/
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P SZABO, STEVE 6550 BAYSHORE RD. N. FT MYERS FL	D DIRECTORS  DEL  DEL	(NOTE: Registered  13.  ETE 1.1 TIT  12 NA  1.3 ST  1.4 CIT  22 NA  23 ST  2.4 CI  ETE 3.1 TIT  3.2 NA  3.3 ST  3.4 CI  ETE 4.1 TIT  4. 2 N/  4.3 ST  4.4 CI  ETE 5.1 TIT  5.2 NA  5.3 ST  5.4 CIT	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  MME  REET ADDRESS  IY-ST-ZIP  LE  MME  REET ADDRESS  IY-ST-ZIP  LE  MME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME	red when reinstating)	DATE  FFICERS AND DIRECT Change Change	ORS IN 12  Addition  Addition  Addition  Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P SZABO, STEVE 6550 BAYSHORE RD. N. FT MYERS FL	and title of applicable.  D DIRECTORS  DEL  DEL	(NOTE: Registered  13.  ETE 1.1 TIT  12 NA  1.3 ST  1.4 CIT  22 NA  2.3 ST  2.4 CI  ETE 3.1 TIT  32 NA  3.3 ST  3.4 CI  ETE 4.1 TIT  4.2 NV  4.3 ST  4.4 CI  ETE 5.1 TIT  5.2 NA  5.3 ST  5.4 CI  ETE 6.1 TIT	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  ME	ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIRECT Change Change	ORS IN 12  Addition  Addition  Addition  Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent in OFFICER'S AND P SZABO, STEVE 6550 BAYSHORE RD.  N. FT MYERS FL  STEVE	D DIRECTORS  DEL  DEL	(NOTE: Registered  13.  ETE 1.1 TIT  12 NA  1.3 ST  1.4 CIT  22 NA  23 ST  2.4 CI  ETE 3.1 TIT  32 NA  3.3 ST  3.4 CI  ETE 4.1 TIT  4.2 NA  4.3 ST  4.4 CI  ETE 5.1 TIT  5.2 NA  5.3 ST  5.4 CI  ETE 6.1 TIT  6.2 NA	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  MME  REET ADDRESS  IY-ST-ZIP  LE  MME	ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIRECT Change Change	ORS IN 12  Addition  Addition  Addition  Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P SZABO, STEVE 6550 BAYSHORE RD. N. FT MYERS FL	D DIRECTORS  DEL  DEL	(NOTE: Registered  13.  ETE 1.1 TIT  12 NA  1.3 ST  1.4 CIT  22 NA  23 ST  2.4 CI  ETE 3.1 TIT  32 NA  3.3 ST  3.4 CI  ETE 4.1 TIT  4.2 NA  4.3 ST  4.4 CIT  5.2 NA  5.3 ST  5.4 CI  ETE 6.1 TIT  6.2 NA  6.3 ST	Agent signature requir  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  ME	ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIRECT Change Change	ORS IN 12  Addition  Addition  Addition  Addition	CDSEGGA

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.