

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M71130 (2)

1. Corporation Name

COUNTY LINE AUTO SALES OF PASCO, INC.



Principal Place of Business

Mailing Address

% VICENTE GAITANI
15740 COUNTY LINE ROAD
SPRING HILL FL 34610
US

% VICENTE GAITANI
18531 OZARK DRIVE
HUDSON FL 34667-6342

3. Date Incorporated or Qualified
03/09/1988

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **15740 COUNTY LINE RD**

26 **15740 COUNTY LINE RD**

4. FEI Number
59-2878229

Applied For
Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt # etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 **SPRING HILL - FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

34610

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAITANI, VICENTE
18531 OZARK DRIVE
HUDSON FL 33567**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DPT GAITANI, VICENTE**
STREET ADDRESS **18531 OZARK DRIVE HUDSON FL**
CITY - ST - ZIP

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP Change Addition

TITLE DELETE
NAME **DVS GAITANI, ALICIA**
STREET ADDRESS **18531 OZARK DRIVE HUDSON FL**
CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

**300001879843
-06/28/96--01108--005
***225.00**

06-28-96 OK

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 617, 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

Alicia Gaitani

6/18/96

813-856-0644

CRE034 (3/96)