


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90115 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000006812</b>					
1. Corporation Name <b>FAST FORDS OF LEE COUNTY, INC.</b>					
Principal Place of Business <b>1417 SW 18TH TERRACE CAPE CORAL FL 33991</b>			Mailing Address <b>1417 SW 18TH TERRACE CAPE CORAL FL 33991</b>		



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>12/05/1997</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0812503</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip <b>29</b>		Country <b>30</b>			

9. Name and Address of Current Registered Agent <b>HECK, NED R 1417 SW 18TH TERRACE CAPE CORAL FL 33991</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 <b>P</b> <input checked="" type="checkbox"/> DELETE				11 TITLE <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>WINKELSAS, TIFFANY</b>				12 NAME <b>FRANK PALUMBO</b>			
STREET ADDRESS <b>1191 ORANGE AVE</b>				13 STREET ADDRESS <b>5837 RIVERSIDE LN</b>			
CITY-ST-ZIP <b>N FT MYERS FL 33903</b>				14 CITY-ST-ZIP <b>FT MYERS, FL 33919</b>			
TITLE <b>VPD</b> <input checked="" type="checkbox"/> DELETE				21 TITLE <b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>WADDELL, LARRY N</b>				22 NAME <b>JACK SHAFFER</b>			
STREET ADDRESS <b>4029 SW 2ND PL</b>				23 STREET ADDRESS <b>121 HOLLAND ST</b>			
CITY-ST-ZIP <b>CAPE CORAL FL 33914</b>				24 CITY-ST-ZIP <b>N FT MYERS, FL 33917</b>			
TITLE <b>SD</b> <input checked="" type="checkbox"/> DELETE				31 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>SAMUEL, GAYE</b>				32 NAME <b>MAURICE O'CONNELL</b>			
STREET ADDRESS <b>455 SE 16 PL</b>				33 STREET ADDRESS <b>4330 COQUINA RD.</b>			
CITY-ST-ZIP <b>CAPE CORAL FL 33990</b>				34 CITY-ST-ZIP <b>FT MYERS BEACH, FL 33931</b>			
TITLE <b>T</b> <input type="checkbox"/> DELETE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>HECK, NED R</b>				42 NAME			
STREET ADDRESS <b>1417 SW 18TH TERR</b>				43 STREET ADDRESS			
CITY-ST-ZIP <b>CAPE CORAL FL 33981</b>				44 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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 617, 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)