

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006812

1. Corporation Name

FAST FORDS OF LEE COUNTY, INC.

Principal Place of Business

1417 SW 18TH TERRACE
CAPE CORAL FL 33991

Mailing Address

1417 SW 18TH TERRACE
CAPE CORAL FL 33991

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

0062496

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



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

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number
65-0812503

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

9. Name and Address of Current 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 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 NAME STREET ADDRESS CITY-ST-ZIP	P WINKELSAS, TIFFANY 1191 ORANGE AVE N FT MYERS FL 33903	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P FRANK PALUMBO 5837 RIVERSIDE LN FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WADDELL, LARRY N 4029 SW 2ND PL CAPE CORAL FL 33914	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	VPD JACK SHAFFER 121 HOLLAND ST N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMUEL, GAYE 455 SE 16 PL CAPE CORAL FL 33990	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	SD MAURICE O'CONNELL 4830 COQUINA RD. FT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HECK, NED R 1417 SW 18TH TERR CAPE CORAL FL 33981	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 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

3/8/99

941-334-5234

Date

Daytime Phone #

CR2E037 (11/98)