

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1995**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUL 18 AM 8:36

DOCUMENT # **P92000004193 (8)**

1. Corporation Name

**SUN COAST UNDERCAR WAREHOUSE, INC.**

Principal Place of Business

Mailing Address

**3800 FOWLER STREET  
 UNIT #11  
 FORT MYERS FL 33901  
 US**

**3000 PAWNEE  
 HOUSTON TX 77054**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

**11/13/1992**

**04/21/1994**

4. FEI Number

Applied For

**65-0369599**

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes

Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

**RIGONI, MICHAEL G.**

STREET ADDRESS

**3117 SE 18TH AVENUE**

CITY - ST - ZIP

**CAPE CORAL FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

S

**RIGONI MICHAEL G.**

**3117 SE 18TH AVENUE**

**CAPE CORAL FL**

Change  Addition

TITLE

V

NAME

**RIGONI, RICHARDO O**

STREET ADDRESS

**407 SW 37TH STREET**

CITY - ST - ZIP

**CAPE CORAL FL**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

P

**RIGONI RICARDO O**

**407 SW 37TH STREET**

**CAPE CORAL, FL.**

Change  Addition

TITLE

V

NAME

**RIGONI, PAULA J**

STREET ADDRESS

**3117 SE 18TH AVENUE**

CITY - ST - ZIP

**CAPE CORAL FL**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change  Addition

TITLE

T

NAME

**PRESTON, MIKE**

STREET ADDRESS

**3000 PAWNEE STREET**

CITY - ST - ZIP

**HOUSTON TE**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

**NO LONGER AN**

**OFFICER**

Change  Addition

TITLE

T

NAME

**RIGONI, NANCY L**

STREET ADDRESS

**407 SW 37TH STREET**

CITY - ST - ZIP

**CAPE CORAL FL**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change  Addition

TITLE

S

NAME

**LAUVER, E. EUGENE**

STREET ADDRESS

**3000 PAWNEE STREET**

CITY - ST - ZIP

**HOUSTON TE**

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**NO LONGER AN**

**OFFICER**

Change  Addition

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or as an attachment with an address.

SIGNATURE:

*Richard O. Rigoni*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 13, 1995*  
 DATE

*813-275-9997*  
 TELEPHONE #

CP2E034 (3/95)