

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified
11/13/1992

3a. Date of Last Report
07/18/1995

4. FEI Number
65-0369599

Applied For
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. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **INSTALLERS EXPRESS**

2a. Mailing Address
26 **3800 FOWLER ST.**

Suite, Apt. #, etc.
22 **UNIT 11**

Suite, Apt. #, etc.
27 **UNIT 11**

City & State
23 **FORT MYERS, FL**

City & State
28 **FORT MYERS, FL**

Zip
24 **33901**

Country
25 **LEE**

Zip
29 **33901**

Country
30 **LEE**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **SUN COAST UNDERCAR WAREHOUSE, INC**
82 Street Address (P.O. Box Number is Not Acceptable)
3800 FOWLER ST, UNIT 11
83 **FORT MYERS, FL 33901**
84 City **FORT MYERS, FL** 85 Zip Code **33901**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 **Ricardo O. Rigoni** PRESIDENT ADD C.E.O.

APRIL 8, 1996

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature is required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	RIGONI, MICHAEL G.	
STREET ADDRESS	3117 SE 18TH AVENUE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RIGONI, RICARDO O	
STREET ADDRESS	407 SW 37TH STREET	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RIGONI, PAULA J	
STREET ADDRESS	3117 SE 18TH AVENUE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RIGONI, NANCY L.	
STREET ADDRESS	407 SW 37TH STREET	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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31. STREET ADDRESS	
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33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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39. STREET ADDRESS	
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41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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43. STREET ADDRESS	
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45. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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47. STREET ADDRESS	
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49. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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51. STREET ADDRESS	
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53. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
54. NAME	
55. STREET ADDRESS	
56. CITY - ST - ZIP	
57. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
58. NAME	
59. STREET ADDRESS	
60. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

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12/4/96

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Ricardo O. Rigoni** Ricardo O. Rigoni 4/8/96

941-275-9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)