## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1	O TREE AUTOMOTIVE, IN	0. 	)					
Principal Place of Business Mailing Addres			6			- I (Banchar Ind strate minte batter brott bante batte	i maadi lidhe laid	AN ISLINI WILL CONT
718 E HIBIS	CUS BLVD	719 E HIBISCUS BLVD MELBOURNE FL 32901			}			
MELBOURNE	FL 32901				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	NO OF ACE	
						12/31/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T	Applied For
21		26			59-3159347		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional		
22		27		0. Certificate of Statos Desired	Fee	Required		
City & State	<u> </u>	City & State		6. Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees		
Zip	Country	Zip	Count	Country		8. This corporation owes or has paid the current year Inlangible		
24	25					Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	ent Registered Agent		<u> </u>		10. Name and Address of New Register	ed Agent	
NUTTING, CHARLES			ľ	31 1	√ame			
	9 E HIBISCUS BLVD	82 Street Addi		ess (P.O. Box Number is Not Acceptable)				
ME	ELBOURNE FL 32901		ـــ	3				
			\	"				
			8	34 C	ity	F	85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida State	ites the abo	DVA-D	amed corr			a its registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat rn familiar with, and accept the obli- Signatura, typed or printed name of registered a					coration submits this statement for the purposition's board of directors. I hereby accept the a		as registered
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PD			1.1 TITLE 1.2 NAME			☐ Chang	e Addition
NAME	NUTTING, CHARLES		1.2 NAM					
STREET ADDRESS	719 E HIBISCUS BLVD		1.3 STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL 32901		14 CITY-ST-ZIP		P			
TITLE	DELETE			2.1 TITLE			L Chang	e L Addition
NAME			2.2 NAME 2.3 STREFT ADDRESS		, proc			
STREET ADDRESS CITY-ST-ZIP		2.5 STREET ADDRESS						
TITLE		DELETE		3.1 TITLE			Change	e Addition
NAME			- 1	3.2 NAME				
STREET ADDRESS			3,3 STRE	ET ADE	RESS			
CITY-ST-ZIP			3.4. CITY	/-ST-Z	lb.			
TITLE		DELETE	4.1 TITLE	4.1 TITLE			Change	e Addition
NAME			4. 2 NAM	4. 2 NAME				
STREET ADDRESS			4.3 STRE	ET ADD	ress			
CITY-ST-ZIP			4.4 CITY	· ST · ZI	Р			
TITLE	☐ DELETE			5.1 TITLE			☐ Change	e Addition
NAME			5.2 NAMI					
STREET ADDRESS			5.3 STRE					
CITY-ST-ZIP TITLE		DELETE	5.4 City 6.1 Title		P		☐ Change	e Addition
NAME		C) Detelle	6.7 NAMI					· LJ AUURIUH
STREET ADDRESS	1			6.3 STREET ADDRESS				
STREET ADDRESS			0.3 STHE	LIAUL	nt oo			

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 oaln; 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 on an attachment with an address.

**FILED** 

Apr 06 1998 8:00am

Secretary of State