Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90083 046 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000019037

1. Corporation Name

DEALER	5 FINANCE CORPORTION												
Principal Place	e of Business	Mailing Address				†	1 1 <b>45</b> 11401 110 1611	in little matte me	iii: <b>88</b> 111 <b>88</b> 18	1 11010 1011	1 88:88 1	1111 1881 1881	
2916 FOWLER	•	2916 FOWLER ST											
FT MYERS FL 3		FT MYERS FL 33901					·						
us us						DO NOT WRITE IN THIS SPACE							
						1	Incorporated )9/1993	or Qualifed				İ	
2. Principal P	lace of Business	2a. Mailing Address		-		4. FEI N		-	-	T	App	lied For	
21	•	26				65-0	392168					Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E Corti	fcate of Status	- Dooired				dditional	
22		27				J. Ceru	cate or Status	- Desired		F	ee Req	uired	
City & Stat	e	City & State				6. Elect	ion Campaigr	r Financing		\$5	00.	vlay Be	
23	, , , , , , , , , , , , , , , , , , , ,	28	-			Trust	Fund Contrib	oution		A	ided to	Fees	
Zip	Country	Zip	Count	try		1	corporation o		rent year Ir		4	<u> </u>	
24	25		30				onal Property		<u> </u>	☐ Ye	s )	<b>X</b> No	
	9. Name and Address of Curren	t Registered Agent		1 Nan		10. Nam	e and Addre	ss of New	Registere	Agent			
EOW.	/LER, JOHN		l°	Nan	ne				•				
	FOWLER ST		8	2 Stre	et Addre	ess (P.O. B	ox Number is	Not Accept	able)				
	AYERS FL 33901		L									<u> </u>	
FIW	MIENO FL 30901		8	33				*					
	,		8	4 City					F	85	Zip C	ode	
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11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statute	s, the abo	ve-nam	ed corpo	oration subr	nits this state	ment for the	purpose o	f changi	ng its r	egistered	
office or r agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was at tions of, Section 607.0505, Flor	ithorized b ida Statute	es.	orporation	nsboard o	i directors. Fr	ment for the nereby acce	рі іне аррі	of changi ointment	ng its r as reg	registered istered	
office or r agent. I a SIGNATURE	registered agent, or both, in the State rm familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was altions of, Section 607.0505, Flor nt and title if applicable. (NOTE:	ithorized bida Statute	es.	orporation	M S DOARD O	ng)	ereby acce	DATE	житеп	as reg		
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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 outh; that I am an officer or director of the conversion of the feceiver of 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 manged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP