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

P93000039480 (7) DOCUMENT #

LARGO'S AUTO BOUTIQUE, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address											
104575 N OVERSEAS HWY 104575 N OVERSEAS				N Y							
KEY LARGO FL 83037			KEY LARGO FL 33037								
							DO NOT WRITE IN THI	S SPACE			
							3. Date incorporated or Qualified 05/28/1993				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Δ	Applied For		
21			26				65-0424149	٨	lot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	,	Additional		
22			27					Fee F	Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23 Zip		untry 26	Zip Country				Trust Fund Contribution		to Fees		
Zip	. —	· · ·	¬ '	 -1	unuy		This corporation owes or has paid the corporation of the corporat				
24	25 Name and A	ddress of Current Reg		30			Personal Property Tax due June 30. 10. Name and Address of New Registere		∐ No		
Name and Address of Current Registered Agent DEJESUS, RAMON JR						Name		n when			
	1862 SW 127 PL	JN			81	1101110					
HOMESTEAD FL 33032			82 Street A			Street	Address (P.O. Box Number is Not Acceptable)	<u> </u>			
110	OMEGIEVO LE SO	USE			83						
					84	City	F	85 Zip	Code		
11 Pursuant	to the provisions of	Sections 607 0502 and	607 1508 Florida Statul	es the s	hove	-named	corporation submits this statement for the purpose		its ragistared		
office or	registeren agent, or	polb, in the State of Flo	rida. Such chan ge w as	authorize	d by	the corp	poration's board of directors. I hereby accept the ap	opointment a	s registered		
	am taconiar volin, au	accept the ornigations						-98	-		
SIGNATURE	Signature, typed or printed	I name of registered agent and t	Med approable (NO)	€ S €	ed Ape	nt sippature	e required when reinstating) DATE	10			
12.		OFFICERS AND DIR		13.			ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECTO	RS IN 12		
TITLE	- DP		DELETE	1.1 T	ITLE			Change	Addition		
NAME	DEJESUS, RA	MON JR		1.2 5	AME				ł		
STREET ADDRESS	24862 SW 12	7 PL	1.3 STREET ADDRES			ADDRESS					
CITY-ST-ZIP	HOMESTEAD	FL	w. A	1.4 0	ITY-SI	r-ZIP					
TITLE	DST		DELETE	21 T				Change	Addition		
NAME	DEJESUS, AN	igela d		2.2 h	IAME				j		
STREET ADDRESS	24862 SW 12			235	TAEET	ADDRESS					
CITY-ST-ZiP	HOMESTEAD	FL		2 4 0	CITY-S	F-ZIP			l		
TITLE	DV		☐ DELETE	31 T	ITLE			Change	☐ Addition		
NAME	GOULD, ROB			32 N	IAME						
STREET ADDRESS	51 SNAPPER		3 3 STREET ADDRE		ADDRESS						
CITY-ST-ZIP	KEY LARGO	<u>L</u>	3.4. CIT		CITY-S	T-21P]		
TITLE			DELETE	4.1 T	ITLE			Change	Addition		
NAME				4 21	NAME						
STREET ADDRESS				43S	TREET	ADDRESS					
CITY-ST-ZIP				4.4 C	ITY-ST	- ZIP					
TITLE			☐ DELETE	5.1 T	ITLE			Change	Addition		
NAME				52N	AME		1000025209	11			
STREET ADDRESS				53S	TREET	ADDRESS	1000025209 -05/12/98010960	<u> </u>			
CITY-ST-ZIP				5.4 C	ity-st	- ZIP	***150,00				
TITLE			DELETE	611	ITLE			Change	Addition		
NAME				6.2 N	AME				امار		
STREET ADDRESS				63S	TREET	ADDRESS			S (')		
CITY-ST-ZIP				6.4 C	ITY-ST	- ZIP	1	ي د			

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

SIGNATURE