

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000062227 (2)**

1. Corporation Name

**MELBOURNE AUTO IMPORTS, INC.**



Principal Place of Business

**2345 OKEECHOBEE BLVD.  
SUITE 300  
WEST PALM BEACH FL 33409  
US**

Mailing Address

**2345 OKEECHOBEE BLVD.  
SUITE 300  
WEST PALM BEACH FL 33409  
US**

2. Principal Place of Business

**21 901 S. Apollo Boulevard**

Suite, Apt. #, etc.

**22**

City & State

**23 Melbourne, FL**

Zip

**24 32901**

Country

**25 U.S.**

2a. Mailing Address

**26 2345 Okeechobee Blvd.**

Suite, Apt. #, etc.

**27**

City & State

**28 West Palm Beach, FL**

Zip

**29 33409**

Country

**30 U.S.**

3. Date Incorporated or Qualified

**09/07/1993**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0434100**

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

9. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES INC  
11780 US HWY ONE  
SUITE 300  
NORTH MIAMI BEACH FL 33408**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE  
NAME **CUILLO, ROBERTS S**  
STREET ADDRESS **2345 OKEECHOBEE BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VP** ☐ DELETE  
NAME **CUILLO, ROBERT A**  
STREET ADDRESS **2345 OKEECHOBEE BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **T** ☒ DELETE  
NAME **SCHLACKS, STEVEN**  
STREET ADDRESS **2345 OKEECHOBEE BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **V/AS** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **T** ☐ Change ☒ Addition  
3.2 NAME **Hotary, Michael**  
3.3 STREET ADDRESS **2345 Okeechobee Blvd.**  
3.4 CITY-ST-ZIP **West Palm Beach, FL 33409**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

*Michael Hotary*

*Michael Hotary*

**4-29-96**

**(407) 478-3507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)