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 # P93000065835 (9)

TROPICAL AUTO CENTER, INC.

Principal Place of Business		Mailing Address		ı inassanı ein saida sitit düsti düli anısı di	lita Bitat briat farað hift bilt samt	
907 SE 15TH AVE CAPE CORAL FL 33990		907 SE 15TH AVE CAPE CORAL FL 33990		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified 08/31/1993	
2. Principal I	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26		65-0442243	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip	Z ₁ p Country		8. This corporation owes or has paid to	he current year Intangible
24	[25]	29 29 4 20 1	30		Personal Property Tax due June 30.	
	9, Name and Address of Curre	ent Hegistered Agent		41 Nome	10, Name and Address of New Regist	iereo Agent
	NZERA, RONALD M		6	1 Name		
907 SE 15TH AVE CAPE CORAL FL 33990					fress (P.O. Box Number is Not Acceptable)	
			[8	3		
			8	4 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printing name of registered a	ngent and Itto rapphonble (I	NOTE: Registered A			DATE
12.	~-· <u>-</u>	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	D DANIZEDA DOMALDIA	UCCCCC C	1.1 TITLE			L. Change L. Addition
NAME	PANZERA, RONALD M 907 SE 15TH AVE		1.2 NAMI	·		
STREET ADDRESS	CAPE CORAL FL 33990			ET ADORESS		
CITY-ST-ZIP TITLE	CAPE CONAL PE 30880	DELETE	1.4 CITY			Change Addition
NAME			2.2 NAM	1		
STREET ADDRESS			ŀ	ET ADDRESS		
CITY-ST-ZIP	ł		2. 4 CITY			•
TITLE		DELETE				☐ Change ☐ Addition
NAME			3.2 NAM	£		
STREET ADDRESS			3.3 STRE	et address		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	lē Ì		
STREET ADDRESS	İ		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY		·····	
TITLE		[] DELETE	5 1 TITLE	j		Change Addition
NAME	1		5.2 NAMI			
STREET ADDRESS	1			ET ADDRESS		
CITY - ST - ZIP		T priese	5.4 CITY			Change Addition
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME	ļ		6.2 NAME	1		
STREET ADDRESS				ET ADORESS		
PITY ST. 7IP	1		64 COY.	. CT . 710		

. 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 oath; that I am an officer or director of the corporation or the receiver or trustee empoyered 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 or an attachment with an address.

SIGNATURE:

×4-20-98

x941-7720145

FILED

Apr 27 1998 8:00am

Secretary of State