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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:48

DOCUMENT # P94000012258 (7)

1. Corporation Name

NOLLI AUTO BROKERS, INC.

Principal Place of Business

1413 BILTMORE ST
PT ST LUCIE FL 34985

Mailing Address

1413 BILTMORE ST
PT ST LUCIE FL 34985

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21 1413 S.W. BILTMORE ST

2a. Mailing Address

26 442 S.E. MAJESTIC TERR

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 Port St Lucie FL

28 Port St Lucie FL

Zip

Country

Zip

Country

24 34985

25

29 34983

30 St Lucie

4. FEI Number

65-0469131

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 § 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMB, RICHARD L
1432 21ST ST
VERO BEACH FL 32961

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE President - Treas.
NAME Robert J. NOLLI
STREET ADDRESS 442 S.E. MAJESTIC TERR
CITY ST ZIP Port St Lucie FL 34983

TITLE V. Pres SEC.
NAME MARTHA NOLLI
STREET ADDRESS 442 S.E. MAJESTIC TERR
CITY ST ZIP Port St Lucie FL 34983

TITLE
NAME
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CITY ST ZIP

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TITLE
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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

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 exemptions stated in Sections 110.117(2)(b), 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 667, Florida Statutes, and that my name appears in Block 12 or Block 13 if it is a new addition with an addition.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

Robert Noll

3-30-95

407-879-6058