

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

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AND
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96 OCT 21 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT
1996

DOCUMENT # **P94000069797 (6)**

1. Corporation Name

L. A. AUTO SALES, INC.

Principal Place of Business

**6010 17TH ST E
UNIT J
BRADENTON FL 34203**

Mailing Address

**6010 17TH ST E
UNIT J
BRADENTON FL 34203**

2. Principal Place of Business

21 **605 17TH AVE. W.**

Suite, Apt. #, etc.

22 City & State

23 **BRADENTON, FLORIDA**

24 Zip

34205

Country

USA

2a. Mailing Address

26 **305 PINE AVE.**

Suite, Apt. #, etc.

27 **P.O. BOX 1838**

City & State

28 **ANNA MARIA, FLORIDA**

Zip

34216

Country

USA

9. Name and Address of Current Registered Agent

**ACKERMAN, NICHOLAS L III
6010 17TH ST E
UNIT J
BRADENTON FL 34203**

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
03/13/1995

4. FEI Number
65-0522249

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

10. Name and Address of New Registered Agent

81 Name **EDWARD F. ROST**
82 Street Address (P.O. Box Number is Not Acceptable)
305 PINE AVE
83 **P.O. BOX 1838**
84 City **ANNA MARIA**

85 Zip Code
FL 34216

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 **EDWARD F. ROST / PRES.** **Edward F. Rost**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9-10-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ACKERMAN, NICHOLAS L III**
STREET ADDRESS **6010 17TH ST E UNIT J**
CITY-ST-ZIP **BRADENTON FL 34203**

☒ DELETE

TITLE **D**
NAME **ROST, EDWARD F**
STREET ADDRESS **305 PINE AVE**
CITY-ST-ZIP **ANNA MARIA FL 34216**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRES., SEC.** ☒ Change ☐ Addition

1.2 NAME **MACHAK, STEPHEN**
1.3 STREET ADDRESS **664 KEY ROYALE DR.**
1.4 CITY-ST-ZIP **HOLMES BEACH, FL 34217**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **600001982066--5**
2.3 STREET ADDRESS **-10/22/96--01019--013**
2.4 CITY-ST-ZIP ******225.00 ****225.00**

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 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: **EDWARD F. ROST / PRES.** **Edward F. Rost** **9-10-96** **941-778-6144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)