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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000083110 (4)

1. Corporation Name

TOP GUN AUTOMOTIVE SALES & LEASING, INC.



Principal Place of Business

4701 SW 45TH STREET
BLDG 4, BAY 10
DAVIE FL 33314
US

Mailing Address

4701 SW 45TH STREET
BLDG 4, BAY 10
DAVIE FL 33314-3999
US

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0546676

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

~~THRE, JEANNETTE A~~
~~4683 SW 45TH ST.~~
~~DAVIE FL 33314~~

Williams, Irwin CPA
1720 Harrison St 7B
Hollywood FL 33020

10. Name and Address of New Registered Agent

81 Name

Williams, Irwin CPA

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

1720 Harrison St 7B

83

84 City

Hollywood

FL

85 Zip Code

33020

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

James M. Wachstetter
Signature of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

2/17/97

12. OFFICERS AND DIRECTORS

TITLE PRES
NAME SHOEMAKER, ROBERT M
STREET ADDRESS 4701 SW 45TH STREET BLDG 4, BAY 10
CITY-ST-ZIP DAVIE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. ☒ Change ☒ Addition

1.2 NAME Wachstetter, James M.

1.3 STREET ADDRESS 4701 SW 45th Bldg 4, Bay 10

1.4 CITY-ST-ZIP DAVIE FL 33314 ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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:

James M. Wachstetter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-97

Date

Daytime Phone #

954
797-7915

CR2E034 (9/96)