

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90010 028 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** TOPGUN AUTOMOTIVE SALES & LEASING  
 INC.

1. Corporation Name

P94000083110

Principal Place of Business

Mailing Address

4701 SW 45TH ST. # 4-10  
 DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

NOV 10, 1994

4. FEI Number

65-0546676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
 Added to Fees

8. This corporation owes the current year Intangible  
 Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 JAME AS ABOVE

2a. Mailing Address

26 S/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4-10

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

JEANNETTE A. NIBBE  
 4683 SW 45TH ST.  
 DAVIE FL. 33314

10. Name and Address of New Registered Agent

81 Name KATHY WACHTSTETTER  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 5020 SW 70TH AVE  
 83 DAVIE FL.  
 84 City DAVIE FL. FL 85 Zip Code 33314

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

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

KATHY WACHTSTETTER  
 (NOTE: Registered Agent signature required when reinstating)

7/10/99  
 DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE  
 NAME JAMES M. WACHTSTETTER  
 STREET ADDRESS 5020 SW 70TH AVE  
 CITY-ST-ZIP DAVIE FL. 33314

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
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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 ☐ 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 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 with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

954-791-4284

CR2E034 (1/98)