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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000092399 (2)

TEAM AUTOMOBILE SALES & FINANCE, INC.

Mailing Address

FILED May 06 1997 8:00am Secretary of State



| Principal Place | e of Business | Mailing Address | | | g Haraffen ine fank bink enter ockil bei | IA Bi randi adalah 110 0 0 11640 1 | IBHA MH 1601 | |
|--|---|---|---------------|---------------------|---|--|--------------------------|--|
| 3407 W. COLONIAL DRIVE ORLANDO FL 32808 | | 3407 W. COLONIAL DRIVE ORLANDO FL 32808-8026 | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 12/22/1994 | 3a. Date of Las | • | |
| | lace of Business | 26. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 5200 | S. Washington Ave | ₂₆ 5200 S. Was | hing | ton Av | e 59-3284547 | | Not Applicable | |
| Suite, Apt | #. etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 5 Additional Required | |
| City & State | ville, FL | City & State Titusville, FL | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip - 22790 | Country | Zip 22700 | Country | | 8. This corporation has liability for | intangible tax unde | rs 199.032, | |
| 24 32 700 | 25 9. Name and Address of Current | [30 | L | | Florida Statutes 10. Name and Address of New Re | | | |
| | | nagistered Water | 81 | Name | | | | |
| RAX | | | ["] | Jame | s Neal Hutchinson, Jr. | | | |
| C/U MANONET ADAMS & CHISCH P.A. [82] Street Ac | | | | | ddress (P.U. Box Number is Not Acceptable) | | | |
| | | | | | S. Washington Av | е. | | |
| JAC | KSONVILLE FL | | 83 | | | | | |
| | | | 84 | City | | 85 Z | ip_Code | |
| | | | i i | Titu | sville | FL " 3 | ip Code 32780 | |
| 11. Pursuant | to the provisions of Sections 607,0502 registered agent, or both, in the State on the familiar with, and accept the obligat | and 607.1508, Florida Statutes, | the above | named corp | poration submits this statement for the prioris heard of directors. I hereby accoming | ourpose of changin | g its registered | |
| agent La | icg siered ageni, or botti, in the State t ini familiar wift, and agcept the obligat | ions of, Section 607.0505, Florid | a Statutes | ano corporat S | ion a board of directors, I hereby acce | profesioppointment | ឧទ ដេបិននេះជាព | |
| SIGNATURE | with Land - 2 | -20 | | | . 🕰 | 1120107 | | |
| / | Signal to all or profind name of registered agen | and title Floro caple (NOTE: Re | ogistered Age | nt signature requir | ad when reinstating) | DATE | | |
| 12. | UFALEAS AND | DIFFECTURS | 13. | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | DPTS | DELETE | 1,1 TITLE | | | Chang | ge Addition | |
| NAME | HILL, R C III | | 1.2 NAME | | | | | |
| STREET ADDRESS | 3407 W. COLONIAL DRIVE | | 1.3 STREET | ADDRESS | | | | |
| CHY-S1-ZIP | ORLANDO FL | | 1.4 CITY-S | T-ZIP | | | | |
| TITLE | VD | ☐ DELETE | 21 TITLE | V | | Chang | ge Addition | |
| NAME | VIHTELIC, LEONARD | | 2.2 NAME | V | ihtelic, Leonard | | 4 | |
| STHEE: ADDRESS | 3407 W. COLONIAL DRIVE | | 2.3 STREET | | 200 S. Washington | Ave. | | |
| CITY-ST-ZIP | ORLANDO FL | | 2. 4 CITY - 9 | | itusville, FL 327 | | | |
| TITLE | VILLIAND IL | ☐ DELETE | 3.1 TITLE | P | P/D | ☐ Chang | ge 🐱 Addition | |
| NAME | | — | 3.2 NAME | s | Smith, Gary R. | | - TE | |
| STREET ADDRESS | | | 3.3 STAEET | | 200 S. Washington | Ave. | | |
| 1 | | | 3.4 CITY-5 | | itusville, FL 327 | | | |
| CHTY-\$1-7iP | | ☐ DELETE | 4.1 TITLE | | 7/S | Chang | e X Addition | |
| | | | 4.2 NAME | | utchinson, Jr., J | | | |
| NAME | | | | | | | • | |
| STHEFT ADDRESS | | | 4.3 STREET | | 200 S. Washington | | | |
| CHY ST 7IP | | Drustr | 4.4 CITY - S | T-ZIP T | <u> Pitusville, FL 327</u> | | no Addition | |
| Tr'LE | | ☐ DELETE | 5.1 TITLE | | | L. J Chang | e Addition | |
| NAME | | | 5.2 NAME | | 10000217 | 8741 | | |
| STREEL ADDRESS | | | 5.3 STREET | ADDRESS | -05/14/97011 | 04004 | | |
| CITY - ST - ZIP | | | 5.4 CITY-S | T-ZIP | ***165.00 | | | |
| MLE | | ☐ DELETE | 6.1 TITLE | . | . | Chang | | |
| NAME | 1 | | 6.2 NAME | Ì | | | PS | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | 516197 | |
| COY-ST-ZIP | | | 6.4 CITY-S | T-21P | | | cs 516/97 | |

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.

407-269-9680