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Apr 09 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 # P95000006279 (0)

1. Corporation Name
J.D.L. AUTO, INC.

Principal Place of Business

2300 DAVIS BLVD
NAPLES FL 33940

Mailing Address

14030 N. CLEVELAND AVE.
NO. FT. MYERS FL 33803-3803
CA



3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report
07/19/1996

2. Principal Place of Business

21 729 Hull CT.

2a. Mailing Address

26 729 Hull CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Marco Island

27 Marco Island

City & State

City & State

23 Florida

28 Florida

Zip

Country

Zip

Country

24 34145

25 U.S.A.

29 34145

30 U.S.A.

4. FEI Number

65-0550693

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

BLAWEISS, LEON
14030 N. CLEVELAND AVE.
NO. FT. MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name BLAWEISS, LEON

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

729 Hull CT

83

84 City Marco Island

FL

85 Zip Code

34145

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME BLAWEISS, LEON
STREET ADDRESS 4455 ST MARTEN WEST
CITY-ST-ZIP CHOMEDAY LEVEL QUEBEC

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME BLAWEISS, LEON
1.3 STREET ADDRESS 729 Hull CT
1.4 CITY-ST-ZIP Marco, Island FL 34145

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blaweiss

04/02/97

941-851-3138

Date

Daytime Phone #

0300071

CR2E034 (9/96)