FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500030104 (0)

VENICE MOTOR CARS, INC.

Principal Place of Business

Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



300 VENICE BY PASS SOUTH VENICE FL 34282		300 VENICE BY PASS SOUT VENICE FL 34293-5853	300 VENICE BY PASS SOUTH VENICE FL 34293-5853				
					3. Date Incorporated or Qualified 04/12/1995	3a. Date of La	,
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26	26		65-0574512		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.	75 Additional
22		27			a. Certificate of Status Desired	Fe	e Required
City & Stat	le	City & State	City & State		6. Election Campaign Financing	\$5.	.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	 		8. This corporation has liability for in		der s. 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No			
		Surrent Hegistered Agent		10. Name and Address of New Registered Agent			
AUSTIN, ROBERT G				Ivame			ļ
	VENICE BY PASS SOUTH		82	82 Street Address (P.O. Box Number is Not Acceptable)			
VENICE FL 34292							
			83	'			
			84	City		FL 85	Zıp Code
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508, Florida Statutes	s, the abov	re-named corr	poralion submits this statement for the pu		na its registered
DINGE OF F	registerea agent, or both, in the	Stale of Florida. Such change was au obligations of, Section 607,0505, Flor	Jthonzed b	ov the corpora	poration submits this statement for the putition's board of directors. I hereby accept	the appointmer	it as registered
SIGNATURE	The state of the s	obligations of, cookiet out tooos, the	icia Giatore	70.			
SIGNATURE	Signature, typed or printed name of regist	ered agent and trite if applicable (NOTE:	Registered Ag	gent signature requ	ired when reinstating)	DATE	
12.	OFFICE	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
TITLE	D	DELETE	1,1 TITLE			☐ Chai	nge Addition
NAME	AUSTIN, ROBERT G		1.2 NAME]-
STREET ADDRESS	2313 HERMITAGE BLVD.		1.3 STREE	1 ADDRESS			1
CITY-ST-ZIP			1.4 CITY	\$1 - ZIP			
TITLE	☐ DITEIE 2		2.1 TITLE			☐ Char	nge Addition G
NAME			2.2 NAME				
STREET ADDRESS			2 3 STREE	1 ADDRESS			
CITY-ST-ZIP			2 4 CITY-	S1-ZIP	, , , , , , , , , , , , , , , , , , , ,		
TITLE	☐ DELETE 3		31 THLE			Char	nge 🔲 Addition
' FIAME			3.2 NAME				
STREET ADDRESS			33 STREE	T ADDRESS			
CITY-ST-ZIP			3 4. CITY -	S1-ZIP	77.0		
TITLE		DELFTE	4.1 TITLE			☐ Char	nge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	.		4.4 CiTY	S1-ZIP			
TITLE .			5.1 TITLE			☐ Char	nge 🔲 Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP		Plosters	5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Char	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			1
CITY-ST-ZIP			64 CHY-	S1-ZIP			

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 tam 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.