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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000031947**1. Corporation Name

3071 00	DAST AUTO	MUTIVE GRO	OUP, INC.						
Principal Plac	e of Business		Mailing	Address				E0100 11101 (C0(6 (0(1	81911 1 891 1994
15581 S. TAMIAMI TR P.O. BOX 40									
FT. MYERS FL 33908 FT MYERS FL 33902				•					
[DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualifed		
					·		04/21/1995		
<u> </u>	Place of Business	S		iling Address			4. FEI Number	. —	pplied For
Suite Ant # etc			26				65-0574079		ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional equired
City & Stat	te		City	y & State			6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution	Added	to Fees
Zip	_	Country	Zip		Country	′	8. This corporation owes the current year		_
24	25		29		[30]		Personal Property Tax.	☐ Yes	□No
	9. Name an	d Address of Co	urrent Registere				10. Name and Address of New Register	red Agent	
GAL	IOWAY SAM		الله المربية المربية المربية المربية		81	Name			
GALLOWAY, SAM M JR SUN 15581 S TAMIAMI TR.				82	Street Add	fress (P.O. Box Number is Not Acceptable)			
FT. MYERS FL 33908				-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# 6 M + 1 # 1 10 3 1 1 1 7 4 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1	e was reseased	
	INTERIO I E GG	500			83	1			
					84	City		OE Zin	Code
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office or i	to the provision registered agent am familiar with,	s of Sections 607 s, or both, in the S and accept the o	7.0502 and 607.19 State of Florida. S obligations of, Sec	508, Florida Stat luch change was lition 607 0505. F	tutes, the above authorized by Torida Statutes	e-named cor the corporat	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	se of changing its pointment as re	s registered egistered
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		·	.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
SIGNATURE		orinted name of registere	ed agent and title if appli	icable. (NO	TE: Registered Ager		red when reinstating) / Section DAT	E	
SIGNATURE	Signature, typed or p	orinted name of registere		cable. (NO	TE: Registered Ager	nt signature requi	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	E S AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or p	orinted name of registers OFFICER	ed agent and title if appli	icable. (NO	TE: Registered Ager 13.	nt signature requi	red when reinstating) / Section DAT	E	
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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 employered 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 adaptment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90025 001 ***150.00