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 # P95000056287 (2)

MANASOTA MOTOR CARS, INC.

FILED May 12 1997 8:00am Secretary of State



Principal Place of Busin	Mailing A	Mailing Address								
999 MC CALL ROAD SOUTH 999 MC CALL ROENGLEWOOD FL 34224 ENGLEWOOD FL										
							3. Date Incorporated or Qualifie 07/20/1995		Date of Last R 4/16/1996	eport
2. Principal Place of Bu	usiness	2a. Mailin	g Address				4. FEI Number		Ar	plied For
21		26					65-0597129		No	ot Applicable
Suite Apt. #. etc.		Suite,	Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State			State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
Z _(P)	Country	Zip		Cour	ntry		8. This corporation has liability f	or intangi	ble tax under s	199.032
24	25	29		30			Florida Statutes		□ No	
9. Na	me and Address of Curre	nt Registered /	Agent				10. Name and Address of New	Register	ed Agent	
343 ALMERI/ Coral gab	LES FL 33134				83 84	City _	dress (P.S. Box Number is Not Accept	P ^{OP} C	LIP	Code 433 ts registered
office or registered agent. Lam familia				Rei	UI	ک ہم	orporation submits this statement for the ration's board of directors. I hereby according to the residual of t	cept the	17797	registered
12.	OFFICERS AN	VD DIRECTORS		13.	Syent	Bigna.co rac	ADDITIONS/CHANGES TO OF			RS IN 12
TITLE PSTD	OF FOLIO A	ID DITE OF ONO	DELETE	1.1 10	LE	7	D	, , , , , , ,	Change	Addition
	A, PALMA			1.2 NA) ー)			
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l .	WOOD FL 34223				Y-5T-					_
TIME VPS	T D		DELETE	2.1 Til			MSTD.		Change	Addition
NAME KOL	S. MEALL	PRYCH		2.2 NA		- 1	REVIN I STARI	114		•
STREET ADDRESS 999	S. MECALL	Rd So.	レナカ			DDRESS	agos MCCALL	ed! J	South	
CITY ST-ZIF	Llewood Fe	3//113			TY-ST	- 71P	ENGIEWOOD F		34223	3
TITLE	s reasona / e	27223	DELETE	31 117			ENVIEWEDD I		Change	Addition
NAME				3.2 NA					· ·	
STREET ADDRESS						DDAESS				
					TY-ST		-			
CHY- ST-ZIP			DELETE	4.1 TIT		-"	L. L. C.		Change	Addition
NAME				4, 2 N					•	
						DORESS				
STHEET ACCRESS						- 1				
CITY ST-ZIP			DELETE	4.4 Cf	TY-ST-	-ZIF			Change	Addition
}			had well to	5.2 NA						
NAME						DDDECC				
STREET ADDRESS						DDRESS				
CHY+S1+ZIP	·// ·		DEVEST		TY-\$T-	ZIP			Change	Addition
TOTALE			☐ DELETE	6 1 TIT					L. Change	L. ROUITO
NAM				6.2 NA			•			
S*REET ADDRESS						DORESS				
CHY+\$1-7IP	<u> </u>			6.4 CI	TY-ST-	- ZIP	ted is Castian 110.07(2)(i) Florido Sto		46	

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 of 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.

SIGNATURE:

(941)473-0216