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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000072434 (0)

SUNCOAST CAR & EQUIPMENT, INC.

**FILED** Apr 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			Address			. 1991/06/1 1/0 10/01 01/11 03/11 03/11 03/11 03/11	*** (6848 11811 61888 411	131 <b>0101 +00</b> 4
			211 HEDDEN COURT					
OZONA FL 34	1980	OZONA	FL 34660			DO NOT WRITE IN 1	THIS SDACE	
						3. Date Incorporated or Qualified	HIS SPACE	
						09/18/1995		Į.
2. Principal Pl	ace of Business	2a. Mailır	ng Address			4. FEI Number	Ac	oplied For
21		26				59-3345464	—— <del>—</del> —————————————————————————————————	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
[22]		27	\$			5. Certificate of Status Desired	Fee Re	guired
City & State		City &	City & State			6. Election Campaign Financing	\$5.00	May Be
<b>23</b> Zip	7-7-6	28 Zip				Trust Fund Contribution		
24	<u>-</u>		Country			8. This corporation owes or has paid th		
24	9. Name and Address of Curre	29		30		Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30.		No
CAL	RLESIMO, ONORIO		- your	81	Name	To, Hame and Address of New Registr	NAO Wāaut	
211 HEDDEN COURT								
OZONA FL 34660				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	0101111101000			83				
								i
ļ				84	City		FL 85 Zip C	Code
11, Pursuant le	o the provisions of Sections 607.050	02 and 607 150	8. Florida Statute	s, the above	a-named corr	poration submits this statement for the purpo	so of obsessing its	s registered
1 onice or re	egistered agent, or both, in the State in familiar with, and accept the oblic	romona Sud	ch changé was a	uthorized by	the corporat	tion's board of directors. I hereby accept the	appointment as	registered
	Transmit Will, and accept the owne	продати, весп	007.0303, 140	iida Siaiules	i.			
SIGNATURE	Signature, typod or printed name of regodered no	int and tife if apple a	date (NOTE	Ringistered Age	nt signature requir	red when reinstating) D/	ATE .	l.
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	D		☐ DELETE 1.				☐ Change	Addition
NAME	CARLESIMO, ONORIO			1.2 NAME	İ			13
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	OZONA FL 34660			1.4 CITY-ST-ZIP				
TITLE			[] DELETE	2.1 TITLE			☐ Change	Addition C
NAME				2.2 NAME				
STREET ADORESS				2 3 STREET	ADDRESS			1
CITY-ST-ZIP			The section of the se	2 4 CITY - S	T - ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE			☐ DFLETE	3 1 TITLE			☐ Change	L Addition
NAME				3 2 NAME				
STREET ADDRESS				3 3 STREET				
CITY-ST-ZIP			T burn	34 CHY-S	T-ZIP			
TITLE			DETER	41 TITLE			☐ Change	Addition
NAME				4 2 NAME				
STREET ADDRESS				43 STREET				ļ
CITY-ST-ZIP			DELETE	4.4 City-S	- ZIP			[ ] 14495-1
TITLE			☐ DELETE	51 TITLE			L Change	Addition
NAME				5 2 NAME				ļ
STREET ADDRESS				5 3 STALET				
CITY-ST-ZIP			DELETE	5.4 C/TY-S	- ZIP			1400
TITLE			☐ DETE IF	6.1 TITLE			Change	Addition
NAME CTOCCT ADDOCCC				6 2 NAME				
STREET ADDRESS		~	_	6.3 STREET				ľ
CITY-ST-ZIP		//	7	6.4 CITY - ST	- ZIP			

14. Thereby certify that the information supplied with this figured 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 supplied upon its 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 comprisition of the formation of