FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

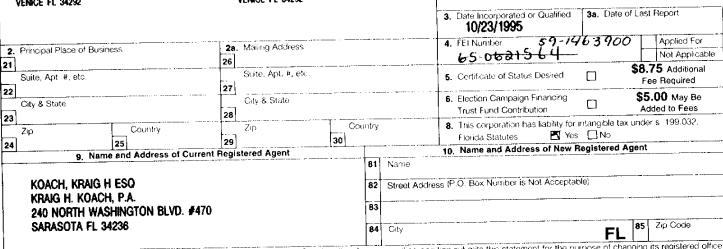
P95000082015 (5) **DOCUMENT #**

DICK RUE AUTO SALES, INC.

DION HOL MOTO CHEECH	•••
Principal Place of Business	Maling Address

203 SOUTH U.S. 41 BYPASS VENICE FL 34292

203 SOUTH U.S. 41 BYPASS VENICE FL 34292



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. Thereby accept the appointment as registered agent. Lam

or registered agent, or both, in the State of Florical Salor change was authorized by the composition and accept the obligations of, Section 607.0505, Florida Statutes				
SIGNATURE	Signature, typical corporation and or edge to be diagonal and the citizens as about	ကိုလည်း မြေး၍ လိုက် (Ago) ကို၍ သည် ကျော်ကြသည်	when the strength BAIL	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	3 × 1000E	Change Addition	
NAME	RUE, RICHARD N	1.2 NAMÉ		
STREET ADDRESS	POST OFFICE BOX 3	1.3 STREET ADDRESS		
CITY · ST - ZIP	SARASOTA FL 34230	1.4 C(TY - ST - 7.P)		
Title	☐ DELETE	2 1 TITLE	Change Addition	
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CiTY - ST - ZiP		
TITLE	☐ DELFTE	3 1 Tilluf	Change Addition	
NAME		3 2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
		3.4 CITY - S1 - 7i-*		
CITY - S1 - ZIP	DELETE	4 1 TITLE	Change Addition	
NAME		4.2 NAME		
		4.3 STHEET ADDRESS		
STREET ADDRESS		4.4 GEV+ST-ZIP		
CHTY-ST-ZIP	[] DELETE	5.1100	Change Addition	
		5.2 NAME		
NAME		5.3 STREET ADDRESS		
STREET ADDRESS		5.4 CITY - ST - ZIP		
CHY-ST-ZIP	[] DELETE	6 1 TILLE	Change Addition	
TITLE		62 NAVE		
NAME		6.3 STREFT ADDRESS		
STREET ADDRESS		033110111001033		

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 employeed 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:

AND .

NAMÉ OF SIGNING OFFICER OR DIRECTOR

4-19-96 (941)488-4011

CR2E034 (12/95)