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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000083927

SUNCOA	AST MOTOR CENTER, INC.							
Principal Place	e of Business	Mailing Address				*******************************	11811 1881 1881	
8755 PARK BLVD.         8755 PARK BLVD.           SEMINOLE FL 34647         SEMINOLE FL 34647					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 11/01/1995			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For	
21 26					59-3345161	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re			
City & State	e	City & State	City & State		6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible			
Zip				у	8. This corporation owes the current year Personal Property Tax.	ar intangible ∐Yes	⊒Ño	
24	25 29 30  9. Name and Address of Current Registered Agent		30)		10. Name and Address of New Registered Agent			
	9. Name and Address of Correll	t Kadistalan Adalit	81	Name	io.			
BOGGS, E. JACKSON			82	2 Street Addre	dress (P.O. Box Number is Not Acceptable)			
501 E. KENNEDY BLVD. SUITE 1700			83	3	Programme to the control of the cont	4811.13128 N.J. 9115	141 (\$4) \$4;	
TAMPA FL 33602								
			84	City	,	FL 85 Zip C	Code	
office or ragent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered agen	tions of, Section 607.0505, Flor	nda Statute	S.	n's board of directors. I hereby accept the a	E		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		RS IN 12	
TITLE	D	☐ DELETE	1,1 TITLE		7.20年6月6日 6月	Change	☐ Addition	
NAME	SCHMIDT, WAYNE F		1.2 NAME				, .	
STREET ADDRESS	8755 PARK BLVD.			ET ADORESS				
CITY-ST-ZIP			1.4 CITY-1	ST-ZIP		☐ Change	Addition	
TITLE			2.1 MLE 2.2 NAME	:	,			
NAME	SCHMIDT, WAYNE F JR. 8755 PARK BLVD.			ET ADDRESS	•	•		
STREET ADDRESS	SEMINOLE FL 34647		2.4 CITY-		•			
CITY-ST-ZIP			3.1 TITLE			[] Change	☐ Addition	
NAME	SCHMIDT, PHILIP A		3.2 NAME					
STREET ADDRESS	8755 PARK BLVD.			ET ADDRESS		BEATH HISE WILL	1435 - PU 1425	
CITY-ST-ZIP	·		3.4. CITY-			<b>新</b> 斯斯斯 194		
TITLE		☐ DELETE	4.1 TITLE		क्षित्र होत् को अध्यक्षिण कर उद्धा		. Addition	
NAME			4. 2 NAME	E	•			
STREET ADDRESS			4.3 STREE	ET ADDRESS	•			
CITY-ST-ZIP			4 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME		South State			
STREET ADDRESS	•			ET ADDRESS	こうさい カックイ			
CITY-ST-ZIP			5.4 CITY-		- 500 Bit	Charra	□ Addition	
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME	1		☐ Change	Addition	

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 of 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 attackment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Jan 26, 1999 8:00 am Secretary of State

01-26-1999 90058 025 \*\*\*150.00