PROFIT ... CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000026262

BASELINE AUTO SALES, INC.

2,,,,				•				
Principal Place	e of Business	Mailing Address	•••		, , , , , , , , , , , , , , , , , , ,			
2501 S.E. 58 A	VE.	2501 S.E. 58 AVE.						
OCALA FL 34471 US US US					DO NOT WRITE IN T	HIS SPACE		
					3. Date incorporated or Qualifed	110 01 7102		7
					03/20/1996			
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Ap	plied For]	
21		26		59-3370687	, No	t Applicable]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75			
22		27		5. Octavoro of Oracle Boomer		·	4	
City & State		City & State		6. Election Campaign Financing	\$5.00			
23		28			Trust Fund Contribution	Added '	to Fees	ł
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	r Intangible ⊠ Yes	□No	
24	25		30		Personal Property Tax. 10. Name and Address of New Register			1
	9. Name and Address of Curr	rent Registered Agent		81 Name	10. Harre and Address of New Adgress	ou rigoin		1
SPEA	ARS, CHRIS M							4
3309 SE 34TH STREET				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)			ì
OCALA FL 34471				83				1
	•							-
				84 City	í	85 Zip	Code	
11 Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the al	ove-named co	orporation submits this statement for the purpose	of changing its	registered	1
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida, Such change was at	ιτηοπΖεα	by the corpora	ation's board of directors. I hereby accept the ap	pointment as re	gisterea	
_	m laminar with, and accept the ob-	iguation of, Cobact Correction in						
SIGNATURE								
	Signature, typed or printed name of registered	egent and title if applicable. (NOTE:	Registered	Agent signature req	uired when reinstating) DATE			1
12.	OFFICERS	AND DIRECTORS	13.		uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		- 3
	OFFICERS D	· · · · · · · · · · · · · · · · · · ·	13. 1,1 Ⅲ	LE	2100 1110111111111111111111111111111111		DRS IN 12	
12.	OFFICERS D SPEARS, CHRIS M	AND DIRECTORS	13. 1.1 TII 1.2 NA	LE ME	2100 1110111111111111111111111111111111	AND DIRECTO		
12. TMLE	OFFICERS D SPEARS, CHRIS M 3309 SE 34TH STREET	AND DIRECTORS	13. 1.1 TII 1.2 NA	LE	2100 1110111111111111111111111111111111	AND DIRECTO		
12. TITLE NAME	OFFICERS D SPEARS, CHRIS M 3309 SE 34TH STREET OCALA FL 34471	AND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH	LE ME REET ADDRESS Y-ST-ZIP	2100 1110111111111111111111111111111111	AND DIRECTO	☐ Addition	
12. TITLE NAME STREET ADDRESS	D SPEARS, CHRIS M 3309 SE 34TH STREET OCALA FL 34471	AND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH	LE ME REET ADDRESS Y-ST-ZIP LE	2100 1110111111111111111111111111111111	AND DIRECTO		
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SPEARS, CHRIS M 3309 SE 34TH STREET OCALA FL 34471 D HADALA, JEFFREY M	AND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH 2.1 TH 2.2 NA	LE ME REET ADDRESS Y-ST-ZIP LE ME	2100 1110111111111111111111111111111111	AND DIRECTO	☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D SPEARS, CHRIS M 3309 SE 34TH STREET OCALA FL 34471 D HADALA, JEFFREY M 5115 SE 20TH STREET	AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	2100 1110111111111111111111111111111111	AND DIRECTO	☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARS, CHRIS M 3309 SE 34TH STREET OCALA FL 34471 D HADALA, JEFFREY M	AND DIRECTORS DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CD 2.1 TT 2.2 NA 2.3 ST 2.4 CD	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	2100 1110111111111111111111111111111111	AND DIRECTO	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D SPEARS, CHRIS M 3309 SE 34TH STREET OCALA FL 34471 D HADALA, JEFFREY M 5115 SE 20TH STREET	AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CG 3.1 TII	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	2100 1110111111111111111111111111111111	AND DIRECTO	☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D SPEARS, CHRIS M 3309 SE 34TH STREET OCALA FL 34471 D HADALA, JEFFREY M 5115 SE 20TH STREET	AND DIRECTORS DELETE DELETE	13. 1.1 TTI 1.2 NA 1.3 ST 1.4 CF 2.1 TTI 2.2 NA 2.3 ST 2.4 CC 3.1 TTI 3.2 NA	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME	2100 1110111111111111111111111111111111	AND DIRECTO	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D SPEARS, CHRIS M 3309 SE 34TH STREET OCALA FL 34471 D HADALA, JEFFREY M 5115 SE 20TH STREET	AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2. 4 CF 3.1 TII 3.2 NA 3.3 ST	ME REET ADDRESS Y-ST-ZIP ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS REET ADDRESS	2100 1110111111111111111111111111111111	AND DIRECTO	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICERS D SPEARS, CHRIS M 3309 SE 34TH STREET OCALA FL 34471 D HADALA, JEFFREY M 5115 SE 20TH STREET	AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2. 4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	2100 1110111111111111111111111111111111	Change	Addition Addition Addition	
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14. I hereby certify that the information supplied with his 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 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 with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: .

CITY-ST-ZIP

(ssa)694-5<u>100</u>

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90101 041 ***150.00