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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # P96000027441

JAN'S GERMAN AUTOMOTIVE, INC.

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90014 050 \*\*\*150.00

1												
'n	pal Place of Business Mailing Address			,								
5	S ORANGE AVE 635 S ORANGE AVE											
	TE 10 SUITE 10			DO NOT WRITE IN THIS SPACE								
٩R	SOTA FL 34236 SARASOTA FL 34236											
S		US .		3. Date Incorporated or Qualifed 03/22/1996								
1	Principal Place of Business	2a. Mailing Address	-	4. FEI Number Applied For								
1		26		65-0656120 Not Applicable								
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired								
	City & State City & State			6. Election Campaign Financing Trust Fund Contribution St.00 May Be Added to Fees								
1	ip Country Zip Cour			8. This corporation owes the current year Intangible								
1	[] 25	29 30		Personal Property Tax.								
ł.	9. Name and Address of Current F	Registered Agent	10. Name and Address of New Registered Agent									
ij.			81 Nar	me .								
	PATTERSON, JOHN		82 Stre	2 Street Address (P.O. Box Number is Not Acceptable)								
	46 N WASHINGTON BLVD #1	46 N WASHINGTON BLVD #1		Street Address (F.O. Box Namber to 1901-Accorption)								
ij	SARASOTA FL 34236		83	1967年1967年 1968年 196 1968年 1968年 19								
13		•	84 City	, 85 Zip Code								
1		Carlo Ca		' <b>FL</b>     <u></u>								
	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.											
Sic	SIgnature, typed or printed name of registered agent a	and title if applicable (NOTF Register	ed Agent skonat	ture required when reinstating) DATE								
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
14.	OFFICERS AND	520,07.0		□ Change □ Addition								

ELONATURE	· · · · · · · · · · · · · · · · · · ·					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE		70.01.40
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO	O OFFICERS AN		
ritue	P DELETE	. 1.1 TITLE	(F. 3F * 14 F * )		Change	☐ Addition
NAME .	MOELLER, JAN	1.2 NAME				ł
STREET ADDRESS	635 S ORANGE AVE, #10	1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP				C Addition
	EVPS DELETE	2.1 TITLE			☐ Change	☐ Addition
MAME	GEHBARD, LINDA	2.2 NAME	•			ļ
TITLE VAME STREET ADDRESS	635 S ORANGE AVE #10	2.3 STREET ADDRESS	1			
MIN ST-ZIP	SARASOTA FL.34236	2. 4 CITY-ST-ZIP		·		- Addition
in E	DT. DELETE	3.1 TITLE			☐ Change	☐ Addition
ME - N	GEBHARD, H. DIETER	3.2 NAME				
AVE STREET ADDRESS CITY-ST-ZIP	635 S ORANGE AVE, #10	3.3 STREET ADDRESS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3748.374B		相相關的
CITY-ST-ZIP	SARASOTA FL 34236	3.4. CITY-ST-ZIP		(4.15) (4.17) (4.17)	1957 <u>(8</u> 57 1134)	SIPT BUILDS
Man 11	D DELETE	4.1 TITLE			- Lanange	Addition
ME I	PETRIK, GERD	4.2 NAME				
ME IPN III STREET ADDRESS	635 S ORANGE AVE #10	4.3 STREET ADDRESS	٠.			
CITY-ST-ZIP	SARASOTA FL 34236 . SAL CONTROL OF THE SALES	4.4 CITY-ST-ZIP				TT Addition
NAME	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	"	5.2 NAME	Je 2 3			
STREET ADDRESS	and the contract of	5.3 STREET ADDRESS			•	ļ
STREET ADDRESS		5.4 CITY-ST-ZIP				
TILE!	AAU CEUA A A A LI DELETE	6.1 TITLE			☐ Change	Addition
NAME :	0.6 \$ 0840 NEACL 10	6.2 NAME			٠.	· .
STREET ADDRESS	\$45400000000000	6.3 STREET ADDRESS			+	
CITY-ST-ZIP	TOPS	6.4 CITY-ST-ZIP		<u> </u>		

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 infificer 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 13 if changed, or on an attachment with an address, with all other like empowered.

THOM: GEBHALD VP 1/999 94/3649609

DER OR DIRECTOR

Daysima Phone #

JAZEU34 (11/98)