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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031990 (0)

GERMAIN IMPORTS OF NAPLES, INC.

**FILED** Apr 28 1998 8:00am Secretary of State

| Dringland Diag  | a of Divisional               | Bilatina Andreas    |              |                      |  | <b>18 18 HI BOU HOU</b> |  |
|---|-------------------------------|---------------------|--------------|----------------------|--|-------------------------|--|
| Principal Place of Business Mailing Address   |                               |                     |              |                      |  |                         |  |
| 13315 NORTH TAMIAMI TRAIL 13315 NORTH TAMIAMI TRA<br>NAPLES FL 33963 NAPLES FL 33963  |                               |                     | AIL          |                      |  |                         |  |
| MATECO PL 30303   |                               | MATECO FE 03003     |              |                      | DO NOT WRITE IN THIS SPACE   |                         |  |
|   |                               |                     |              |                      | 3. Date Incorporated or Qualified  |                         |  |
|   |                               |                     |              |                      | 04/08/1996   |                         |  |
|   |                               | 2a. Mailing Address | 98S          |                      | 4. FEI Number  | Applied For             |  |
|   |                               | 26                  |              |                      | 65-0665379   | Not Applicable          |  |
| Suite, Apt. #, etc.   |                               | Suite, Apt. #, etc. |              |                      |  | 75 Additional           |  |
|   |                               | 27                  |              |                      | F8   | e Required              |  |
| City & State  |                               | <u></u>             | City & State |                      |  | 00 May Be               |  |
| <b>Zip</b>  | p Country Z(p                 |                     | Country      | ,                    |  | ded to Fees             |  |
| 24  | 25                            | }                   | ام           |                      | 8. This corporation owes or has paid the current year Personal Property Tax due June 30. | ir intangibie<br>☐ No   |  |
| 27  | 9. Name and Address of Curren |                     | <u> </u>     |                      | 10. Name and Address of New Registered Agent   | <u> </u>                |  |
| YO.   |                               |                     | 81           | Name                 |  |                         |  |
| KOBZA, KIM P<br>4001 NORTH TAMIAMI TRAIL #330   |                               |                     | -            | 0:                   | - 100 D  |                         |  |
| NAPLES FL 33940   |                               |                     | 82           | Street Addr          | ress (P.O. Box Number is Not Acceptable)   |                         |  |
|   | . 6.0 1 6 000 10              |                     | 83           |                      |  |                         |  |
|   |                               |                     | 84           | City                 | FL 85  | Zip Code                |  |
| 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                               |                     |              |                      |  |                         |  |
| SIGNATURE Signature, typed or profited name of registered agent and life if applicable (NOTE Registered Agent agrature required when reinstating)  DATE   |                               |                     |              |                      |  | <u> </u>                |  |
| Signature, typed or proted name of registered agent and little if applicable (NOTE R  12. OFFICERS AND DIRECTORS  |                               |                     | 13.          | ent eignature requir | red when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECT                     | TODE IN 12              |  |
| TITLE   | D OFFICERS AND                | DELETE              | 1.1 TELE     | ····                 | ADDITIONS/CHANGES TO OFFICERS AND DIREC  |                         |  |
| NAME  | GERMAIN, ROBERT L SR          |                     | 1.2 NAME     |                      |  |                         |  |
| STREET ADDRESS  |                               |                     | 1.3 STREET   | AUUDEGG              |  |                         |  |
| CITY-ST-ZIP   | NAPLES FL 33963               | •                   | 1.4 CITY - S |                      |  |                         |  |
| TITLE   |                               |                     | 2.1 TITLE    | 71 - Zer             | ☐ Chai   | nge Addition            |  |
| NAME  |                               |                     | 2.2 NAME     |                      |  | • —                     |  |
| STREET ADDRESS  |                               |                     | 2.3 STREET   | ADDRESS              |  |                         |  |
| CITY-ST-ZIP   | 444515555                     |                     | 2. 4 CITY-   |                      |  |                         |  |
| TITLE   |                               |                     | 3.1 TITLE    | 21-41                | □ Chai   | nge 🔲 Addition          |  |
| NAME  | GERMAIN, STEPHEN MR           | · <del></del>       | 3.2 NAME     |                      |  |                         |  |
| STREET ADDRESS  |                               |                     | 3.3 STREET   | ADDRESS              |  |                         |  |
| CITY-ST-ZIP   | COLUMBUS OH 43232             |                     | 3.4. CITY-   |                      |  |                         |  |
| TITLE   |                               | ☐ DELETE            | 4.1 TITLE    |                      | ☐ Chai   | nge 🔲 Addition          |  |
| NAME  |                               |                     | 4. 2 NAME    |                      |  |                         |  |
| STREET ADDRESS  |                               |                     | 4.3 STREET   | ADDRESS              |  |                         |  |
| CITY-ST-ZIP   |                               |                     | 4.4 CITY-S   |                      |  |                         |  |
| TITLE   |                               | ☐ DELETE            | 5.1 TITLE    |                      | ☐ Chai   | nge 🔲 Addition          |  |
| NAME  |                               |                     | 5.2 NAME     |                      |  |                         |  |
| STREET ADDRESS  |                               |                     | 5.3 STREET   | ADDRESS              |  |                         |  |
| CITY-ST-ZIP   |                               |                     | 5.4 CITY - S |                      |  |                         |  |
| TITLE   |                               | ☐ DELETE            | 6.1 TITLE    |                      | Chai   | nge Addition            |  |
| NAME  |                               |                     | 6.2 NAME     |                      |  |                         |  |
| STREET ADDRESS  |                               |                     | 6.3 STREET   | ADDRESS              |  |                         |  |
|   |                               |                     |              |                      |  |                         |  |

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 or trustee empowered to execute the 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.

CIGNATURE: