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FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000032391 (0)

1. Corporation Name

ELITE AUTO WHOLESALERS, INC.



Principal Place of Business  
7760 SADDLE CREEK TRAIL  
SARASOTA FL 34241

Mailing Address  
7760 SADDLE CREEK TRAIL  
SARASOTA FL 34241-9794

2. Principal Place of Business  
21 6521 S. DALE MABRY  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. BOX 130795  
Suite, Apt. #, etc.

22 City & State  
23 TAMPA FL

27 City & State  
28 TAMPA FL

24 Zip 33611 Country USA

29 Zip 33681-0795 Country USA

3. Date Incorporated or Qualified  
04/10/1996

3a. Date of Last Report

4. FEI Number  
65-0656036

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COAN, STEVE  
7760 SADDLE CREEK TRAIL  
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name LAVENE JOHN R.  
82 Street Address (P.O. Box Number is Not Acceptable)  
31 AEGEAN ST  
83  
84 City TAMPA FL 85 Zip Code 33606

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]* JOHN R. LAVENE PRES.

18 APRIL 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME COAN, STEVE  
STREET ADDRESS 7760 SADDLE CREEK TRAIL  
CITY-ST-ZIP SARASOTA FL 34241 ☒ DELETE

TITLE VP  
NAME LAVENE, JOHN  
STREET ADDRESS 31 AEGEAN STREET  
CITY-ST-ZIP TAMPA FL 33606 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME LAVENE, JOHN R.  
1.3 STREET ADDRESS 31 AEGEAN ST  
1.4 CITY-ST-ZIP TAMPA FL 33606 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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 *[Signature]* JOHN R. LAVENE

18 APRIL 97 (813)250-0201

CR2E034 (9/96)