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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000046692 (5)

GENERIC AUTO SALES, INC.

Principal	Place o	of Business
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Mailing Address

14290 N. CLEVELAND AVENUE N. FORT MYERS FL 33903

14290 N. CLEVELAND AVENUE N. FORT MYERS FL 33903-3803

## FILED Apr 25 1997 8:00am Secretary of State



n. Font Mich	D 1 C 00000	M. TOM MILITOTE DOWN					
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied F	or	
21		26			65-0666894 Not Appli	cable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Dosired See Required Fee Required		
City & State	e	City & State			6. Election Campaign Financing \$5.00 May B		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Сог	intry	8. This corporation has liability for intangible tax under s. 199.0	32,	
24	25	29	30		Florida Statutes 🔀 Yes 🗌 No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
MCC	arthy, kevin s			81 Name	e		
4231 ERINDALE DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
N. FO	ORT MYERS FL 33903			Street Address (F.O. Box Northber is Not Acceptable)			
				83			
				84 City	85 Zip Code		
					FL T		
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida. Such change was a	uthorize	d by the cor	ed corporation submits this statement for the purpose of changing its regist progration's board of directors. I hereby accept the appointment as registed	tered red	
SIGNATURE	Signature, typed or printed name of registered agent	t and title it applicable (NOTE	Registere	d Agent signatur	ure required when reinstating) DATE	_	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2	
TITLE	D	X DELETE	1.1 11	TLE	☐ Change ☐ A	ddition	
NAME	SILVER, SHIRLEY N		1.2 N	AME			
STREET ADDRESS	18469 PHLOX DRIVE		1.3 S	THEET ADDRESS	s ]	ľ	
CITY-ST-ZIP	FORT MYERS FL 33912		1.4 C	TY-ST-ZIP		- 1	
TITLE	D	☐ DELETE	2.1 1	1LE	D/P/S/T	ddition	
NAME	MCCARTHY, KEVIN S		2.2 N	AME			
STREET ADDRESS	4231 ERINDALE DRIVE		2.3 \$1	IREET ADDRESS	s -	Į.	
CITY-ST-ZIP	N. FORT MYERS FL 33903		2.40	SITY-ST-ZIP			
TITLE		DELETE	3.1 TI	TLE	Change A	ddition	
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	THEET ADDRESS	s		
CITY-ST-ZIP			3 <b>4</b> . C	11Y - S1 - ZIP			
TITLE		DELETE	4 1 1	TLF	☐ Change ☐ Ad	ddilion	
NAME			4. 2 N	IAME		}	
STREET ADDRESS			4.3 S	TREE1 ADDRESS	s	1	
CITY-ST-ZIP		,	4.4 CI	TY-S1-ZIP	į		
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CITY-ST-ZIP				1Y-SI-7IP			
TITLE		DFLETE	6.1 11		Change A	ddition	
NAME			62 N	AME			
STREET ADDRESS				REET ADDRESS	s		
CITY-ST-ZIP				1Y-\$1- <i>ZI</i> P		- 1	
	ov certify that the information supplied	with this filing does not qualif			stated in Section 119 07(3)(i). Florida Statutes, I further certify that the	$\rightarrow$	

Information indicated on this annual reprise with this timing does not qualify for the exemption stated in Section 119.07(3)(f), niorida Statutes. I further certify that the finormation indicated on this annual report or supplemental annual report of the 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 tystee empowered to explute 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 a process.

CIGNATURE.

1-29-97

(941) 995-3846