## 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

P96000046692 (5) **DOCUMENT #** 

GENERIC AUTO SALES, INC.

Principal Place of Business

Mailing Address

**FILED** Apr 20 1998 8:00am Secretary of State



14290 N. CLEVELAND AVENUE 14290 N. CLEVELAND AVENUE N. FORT MYERS FL 33903 N. FORT MYERS FL 33903 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 26 65:0666894 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country a. This corporation owes or has paid the current year Intangible **XX** Yes 24 29 25 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCCARTHY, KEVIN S **4231 ERINDALE DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) N. FORT MYERS FL 33903 83 84 City 85 Zip Code 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 Signalure, typed or printed name of registered agent and title if applicable (NO16: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 12, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPST DELETE Addition TITLE 1.1 TITLE Change MCCARTHY, KEVIN S NAME 1.2 NAME **4231 ERINDALE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS N. FORT MYERS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change \_\_ Addition 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4 1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change \_ Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 supplienental 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changled, or on an intachrotist with any address.

SIGNATURE:

KEVIN S. McCARTHY, PRES.

01/28/98

(941) 995-3846