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 # 1. Corporation Name P96000054469 (7)

CLASSIC AUTOS OF FORT MYERS, INC.

FILED Feb 25 1998 8:00am Secretary of State



								1		
Principal Place of Business Mailing Address						1100000	UFB 1914 6 81881 89111 89114 8			1410 13th 10th
2245 PECK STREET FORT MYERS FL \$3901		2245 PECK STREET FORT MYERS FL 33801				DO NOT WRIT	E IN THIS S	PACE		
						I	rporated or Qualified			
a Principal Pi	ace of Business	2a, Mailing Address	Mailing Address			06/26/1			1 1	pplied For
21 THIOPERT	ace of Business		26				APPLICABLE		1	ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.							Additional
22		27				5. Certificate	of Status Desired		T	equired
City & State	9	City & State				6 Flection C	ampaign Financing		\$5.00	May Be
23		28	28			1	Contribution		•	to Fees
Zip	Zip	Country			8. This corpo	oration owes or has p	aid the curr	ent year In	tangible	
24	25		30				Property Tax due Jun			No
	g. Name and Address of Currer	t Registered Agent		81		10. Name an	d Address of New R	egistered A	gent	
LIPSHUTZ, ROBERT M					Name					İ
3613 DEL PRADO BOULEVARD				82 Street Address (P.O. Box Number is Not Acceptable)						•
CAI	PE CORAL FL 33904		83				 			
			l'	83						
				84	City				85 Zip	Code
	10	n t con teon Fr1-t- N					Lin -4-4	FL		4
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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.										
•	m ranshar with, and accept the oblig	ations of, occitor cor.cood, Flor	iloa olale	1.03	•					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Regist					nt signature rec	ulred when reinstating)		DATE		
12. OFFICERS AND DIRECTORS				13.		ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 12
TITLE	1			1.1 TITLE					Change	☐ Addition
NAME	FOLBER, JONATHAN		1.2 NAME							
STREET ADDRESS	2245 PECK STREET		1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33901	——————————————————————————————————————	1.4 CITY-ST-ZIP							
TITLE		☐ DELETE	☐ DELETE 2.1 TI						Change	☐ Addition
NAME			2.2 NAME							
STREET ADDRESS				2.3 STREET ADDRESS						
CITY-ST-ZIP	- , , . , 	DELETE	2. 4 C/3		T-ZIP				Change	Addition
TITLE				3.1 TITLE 3.2 NAME					Cliange	LI KOUIIUII
NAME DEPOSITE ADDRESS					4DDDT00					
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP							
CITY-ST-ZIP TITLE		DELETE	4.1 TITL		1-211		-		Change	Addition
NAME		and process	4. 2 NA					'		
STREET ADDRESS			1		ADORESS					
CITY-ST-ZIP			4.4 CIT			•				
TITLE		☐ DELETE	5.1 TITL		-2"				Change	Addition
NAME			5.2 NAM	VIE					_ •	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP					
TITLE		☐ DELETE	6.1 1110			.=,		1	Change	☐ Addition
NAME			6.2 NAM	WE						
STREET ADDRESS			6.3 STR	REET A	ADDRESS					
CITY-ST-ZIP			6.4 CIT	Y-ST	- ZIP					
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify for	the exer	mpt	ion stated	in Section 119.07(3)(i), Florida Statutes.	I further cer	tify 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.										