FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED AND FILED

97 MAR 25 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000086924 (3)**

1. Corporation Name

~~NATIONAL AUTO HOLDINGS, INC.~~

WEST COAST GARAGE, INC.

Principal Place of Business	Mailing Address
1605 S MISSOURI AVE CLEARWATER FL 34616	1605 S MISSOURI AVE CLEARWATER FL 34616-1220

3. Date Incorporated or Qualified: 10/22/1996

3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3404927 ☐ 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

LEVIN, LEONARD D
1605 S MISSOURI AVE
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVIN, LEONARD D		1.2 NAME		
STREET ADDRESS	1605 S MISSOURI AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY-ST-ZIP		
TITLE	~~VSD~~	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	ELMORE, DAVID		2.2 NAME		
STREET ADDRESS	1605 S MISSOURI AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		2.4 CITY-ST-ZIP		
TITLE	[redacted]	☐ DELETE	3.1 TITLE	STD	☐ Change ☒ Addition
NAME			3.2 NAME	Carol J. Levin	
STREET ADDRESS			3.3 STREET ADDRESS	1605 S. Missouri Ave	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME			4.2 NAME	Elaine Cox	
STREET ADDRESS			4.3 STREET ADDRESS	184 W. Seminole Drive	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Phoenix, AZ 85023	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	200002125852--8	
STREET ADDRESS			5.3 STREET ADDRESS	-03/27/97--01059--009	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	D. Alan	
STREET ADDRESS			6.3 STREET ADDRESS	3/25/97	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

Leonard D. Levin Assistant Secretary