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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of States
DIVISION OF CORPORATIONS

DOCUMENT # P96000092259 (6)

C.J.S. MOTOR CITY, INC.

Principal Pina	o of Business	Mariliana Antalaana				83
Principal Place of Business Mailing Address  1897 HWY 98 W MARY ESTHER FL 32569 MARY ESTHER FL 32569-1547					march chris 11416 (186) B(IIB (81) (68)	
					3. Date Incorporated or Qualified 10/29/1996	3a. Date of Last Report
21	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3410 415	Applied For Not Applicable
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip   Country   29   30		ry 	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Current i	Registered Agent		41 Nama	10. Name and Address of New Reg	gistered Agent
	ORHEAD, STEPHEN R		°	1 Name		
	O BAYOU BLVD		- 8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)
	TE 12 & 13		į	a		
PEN	ISACOLA FL 32503		l°	3		
			8	4 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Stati	ules the abo	.l.	reportion submits this platement for the sa	
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was ons of, Section 607,0505, F	authorized lorida Statut	by the corporates.	rporation submits this statement for the patients board of directors. I hereby accep	the appointment as registered
SIGNATURE	<del></del>					
12.	Signature, typed or printed name of register is assert a OFFICERS AND I		113.	gen signature requ	ulred when relistating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	D	DELET	11100		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	STAPLETON, CHRISTOPHER J	No. cod	12 NAM	1		Onongo Addition
STREET ADDRESS	1697 HWY 98 W			ET ADDRESS		`
CITY-ST-ZIP	MARY ESTHER FL 32569		140114			
TITLE		DELFTE	21 1716		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			2.2 NAM			
STREET ADDRESS			2 3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 C(1)	- S1 - Zif²		
TITLE		DELETE	311111			Change Addition
NAME			3.2 NAM			
STREET ADDRESS			3.3 STRE	LI ADDRESS		
CITY-ST-ZIP	***************************************		3.4, C+TY	- \$1 - Z(f)		
TIFLE		[]] DELFTE	4.1 101.6			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STRE	I ADDRESS		
CITY-ST-ZIP			4.4 GHY	S1 - 7IP		
TITLE		L.) DELETE	5.1 TITLE			Change Addition
NAME			5.2-NAMI	i		
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP	:		5.4 CHY			
TIFLE		L] DELETI	5 1 THEE			Change Addition
NAME			6.2 NAMI			
STREET ADDRESS			6.3 STRE	LADDRESS		

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 correlation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name