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

PROFIT CORPORATION ANNUAL REPORT 1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔒

Secretary of State DIVISION OF CORPORATIONS

	MENT # P96000 JUTO SALES, INC.	102759 (3)								
Principal Place of Business Mailing Address						1	{		ALCIA AUDUR URIJA	
1350 S LAKE SHORE WAY LAKE ALFRED FL 33850		1350 S LAKE SHORE WAY LAKE ALFRED FL 33850-3434								
						1 -	Date Incorporated or Qualified 2/19/1996	3a , D	ate of Last R	eport
2. Principal P	Place of Business	2a. Mailing Addross				4.	FEI Number		Af	plied For
21		26			ļ	59-3416729	1		ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 A		
City & Stat	е	City & State				1	Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip. 24	Country Zip 25 29 3		30	Country			This corporation has liability for Florida Statutes		tax under s	. 199.032,
	9. Name and Address of Currer	nt Registered Agent				10.	Name and Address of New Re	gistered	Agent	
WILL	IS, CRAIG		}	81	Name					
1350 S LAKE SHORE WAY			}	82	Street Addre	ss (P.	O. Box Number is Not Accepta	ole)		
LAKE	ALFRED FL 33850	;					·			
				83						
			1	84	City		CONTRACTOR ATTAIN CONTRACTOR AND CONTRACTOR ATTAINS	FL	85 Zip (Code
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig signature typed or proted name of registered age	of Florida, Such change was alions of, Section 607,0505, F	authorized Iorida Stati	d by utes.	the corporation	on's b	oard of directors. I hereby acce	ourpose o pt the app	I changing it pointment as	s registered registered
12.	OFFICERS AN		13.	Agen	ir signature required		reinstatiog) (DDITIONS/CHANGES TO OFFI	DATE CERS ANI	DIRECTOR	RS IN 12
TITLE	D DELETE			1.1 1/11.6			IDDITIONO/OTIANGLO TO OTT	OLI 10 7 (14)	Change	Addition
NAME	/ILLIS, CRAIG 1.		1.2 NA	1.2 NAME						
STREET ADDRESS	1350 S LAKE SHORE WAY		1.3 ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	LAKE ALFRED FL 33850		1,4 011	1.4 CITY - ST- 7IP						
TITLE	D DELETE			TIME					Change	Addition
NAME	MORRISON, WILLIAM F		2.2 NA	2.2 NAME						
STREET ADDRESS	1350 S LAKE SHORE WAY		2.3 \$1		ADDRESS					
CITY-ST-ZIP	LAKE ALFRED FL 33850			2. 4 CITY - S1 - ZIP						
TITLE	L_ DELETE			3.1 101.6					Change	L. Addition
NAME			3.2 NA							
STREET ADDRESS					ADORESS					
CITY-ST-ZIP TITLE		DELETE	3.4 CI		I - ZIP				Change	Addition
NAME		C) been	4.1 7.1						☐ Grønge	☐ X00(00)
STREET ADDRESS			4. 2 N/		ADDRESS					
CITY-ST-ZIP			4.3 ST							
TITLE	· · · · · · · · · · · · · · · · · · ·	DELĒTE	5.1 7(1		- 211				Change	Addition
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT		i					
TITLE		☐ DELETE	6.1 7()						Change	Addition
NAME			G 2 NA	ME	[

CIDALONINARAIG WILLUS

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 eath; 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.

May 14 1997 8:00am

Secretary of State