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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 24, 1999 8:00 am Secretary of State 05-24-1999 90010 033 ***150.00

DOCUMENT #

P97000003719

NATIONAL AUTOHOTIVE SALES TRAINING, INC.

Principal Place of Business Mailing Address

564156 - 90010 - 33 6 *

					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualife	d		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
$_{21}$ $_{26}$ P_{0} . R_{0}		26 PO. BOX 35	OX <u>357/61</u>		59-341983	7	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A		
22 27						- -	Fee Rec	
City & State		City & State CAINES VILLE FL		6. Election Campaign Financin	g 🗆	\$5.00		
23		Zip Zip	Countr		Trust Fund Contribution		Added-to	rees-
Zip	Country	├ つかって カバナ戸			This corporation owes the cu Personal Property Tax.	-	_	□No
24	9. Name and Address of Current) 4:	27	10. Name and Address of New			
<u> </u>	S. Name and Address of Current	81	04 No.					
· PETER T SZCZECH				<i>F</i>	ETER T. SZCZO	<u> ECH</u>		
, C, C, 1, 02			82	Street Add	dress (P.O. Box Number is Not Accer	otable) i <i>FDD AC</i> F	-	
1			83	<u> </u>	77 3. W. BURD	LANFILL		
> ₹							, 	
			84	City GA	unesville	FL	85 Zip Ci	2 7
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.	nt signature requi	ADDITIONS/CHANGES TO C		DIRECTOR	RS IN 12
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE				Change	Addition
NAME	DETERT <202ECH		12 NAME					
STREET ADDRESS	SS 707 S.W SBRD TERRACE			T ADDRESS				ļ
CITY-ST-ZIP	GAINESVILLE, FL 32607			ST-ZIP				
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	PETER T. SZCZECH							
STREET ADDRESS	707 S.W. 83 RD TERRACE			T ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32607			ST-ZIP				
TITLE	SECRETARIA	☐ DELETE	31 TITLE			_	Change	Addition
NAME	PETER T. SZCZECH							
STREET ADDRESS	707 S.W. 8320 IERRACE			TADDRESS				-
CITY-ST-ZIP	GAINESVILLE, FL 32	2607	3.4 CITY	ST-ZIP		_		
TITLE	TREASURER	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	PETER T. SZCZECH		4.2 NAME					Ì
STREET ADDRESS	707 S W 83 RD TERRACE		4 3 STREET ADDRESS					
CITY-ST-ZIP	Gainesville, FL 32607		4.4 CITY-ST-ZIP					T A delica a
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME	T.40000000				İ
STREET ADDRESS			ll	T ADDRESS				
CITY-ST-ZIP		□ SELECTE	5.4 CITY-S 6.1 TITLE	31-ZIP		_	Change	Addition
TITLE		☐ DELETE	4	Ì			C change	[_] Addition
NAME			62 NAME	T ADDDESO				
STREET ADDRESS			H	TADDRESS				
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				

14. I hereby certify that the information supplied with this fling 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 seport or supplementary annual seport 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 relevant fit trustee empowered to execute this seport as prequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an adjustment with an address, with all other like empowered.

SIGNATURE: ~

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/99 (352) 332-694

:R2E034 (11/98