**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FIRST COAST VEHICLE & PARTS EXPORTERS, INC.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

99 FEB 19 - 531-8: 17

Principal Place of Business Mailing Address 3624 S OCEAN DR 3624 S OCEAN DR JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/26/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3472069 21 26 Not Applicable Suite Apt #, etc Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution  $Z_{10}$ Zip Country Country 25 24 29 30 Personal Property Tax 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANAHER, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 82 B6人4 3622 SOUTH OCEAN DRIVE JACKSONVILLE BEACH FL 32250 83 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 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. manied corporation submits this statement for the purpose of changing its registered SIGNATURE Signature, typed or printed name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. [ | DELETE Change [ ] Addition TITLE PSTO DANAHER WILLIAM IT. DANAHER, WILIAM J NAME 3624 SOUTH CHEAN DRIVE 3622 SOUTH OCEAN DRIVE STREET ADDRESS JACKSONVICLE BEAUNIFL.32250 JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP [ | DELETE [ | Change **TITLE** BLITCH, JOSEPHINE N NAME rmere?86046~~ STREET ADDRESS **511 OAK ST** 2.3 STREET ADDRESS - novo4/99--- (H194---006 **NEPTUNE BCH FL 32266** CITY-ST-ZIP 2.4 CITY-ST-ZIF [ ] DELETE TITLE NAME STREET ADDRESS 3.3 STREET ADORES! CITY-ST-ZIP 3.4 CITY-ST-ZE LIDELETE [ | Change [ ] Addition TITLE 4 1 TillE 4 2 NAM STREET ADDRESS 4 3 STREET ADDRESS CITY 4.4 C(TY+ST+Z)? TITL [ ] DELETE 5.1 TITLE f | Change Addition 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-S1-Z#\* CITY-ST-ZIP [ | DELETE TITLE

14. 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 offect as if made under oath, that I am an officer or director of the corporation of 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 O(D) -5.1 - 261

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034