FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000088588 (3) GULF COAST EUROPEAN AUTOMOTIVE, INC. Principal Place of Business Mailing Address 1051 N WASHINGTON BLVD 1051 N WASHINGTON BLVD SARASOTA FL 34237 SARASOTA FL 34237 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For <u>65-0789951</u> 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Zip Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROBERTSON, DALE 1051 N WASHINGTON BLVD 82 Street Address (P.O. Box Number Is Not Acceptable) SARASOTA FL 34237 Zip Code 85 FI 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 attraction of the corporation of the corporati (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PISIND DELETE 1.1 TITLE ☐ Change Addition Dale Roberton NAME 12 NAME 1051 N. WASHINGTON Blug 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP

14. I 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 inclicated 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

TITLE

STREET ADDRESS

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

1-12-98

941-365-6612 Daydme Phone # 0453310

Change

Addition

32E034