### 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

## DOCUMENT # P97000088588

GULF COAST EUROPEAN AUTOMOTIVE, INC.

Principal	Place of	Business
-----------	----------	----------

Mailing Address

# **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90064 031 \*\*\*150.00



1051 N WASHI SARASOTA FL		1051 N WASHINGTON BLVD SARASOTA FL 34237			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  10/13/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0789951 Not Applicab	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional	
22		27			Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be	J-1
23		28	<b></b>		Trust Fund Contribution Added to Fees	_
Zip	Country	·	Country		8. This corporation owes the current year Intangible  Personal Property Tax  Ves	ļ
24	25   9. Name and Address of Currel	29 30			Personal Property Tax.	$\dashv$
	9. Name and Address of Curre	iit Kegistered Agent	81	Name	10. Name and Address of New Negistered Agent	
ROB	ERTSON, DALE					
	1051 N WASHINGTON BLVD		82 Street Ad		dress (P.O. Box Number is Not Acceptable)	
	ASOTA FL 34237		83			$\dashv$
			84	City	EL 85 Zip Code	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statutes, the of Florida. Such change was author ations of, Section 607.0505, Florida S	ne above ized by Statutes	-named corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Regist	tered Agen	t signature require	red when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE 1	I.1 TITLE		Change Additi	ion
NAME	ROBERTSON, DALE	1	I.2 NAME		•	
STREET ADDRESS	1051 N WASHINGTON BLVD	1	I.3 STREET	ADDRESS		\ 
CITY-ST-ZIP	SARASOTA FL 34236	1	I.4 CITY-ST	-ZIP		
TITLE		☐ DELETE 2	2.1 TITLE		☐ Change ☐ Additi	ion ]
NAME		2	2.2 NAME			
STREET ADDRESS		2	2.3 STREET	ADDRESS		
CITY-ST-ZIP		2	2. 4 CITY-S	r-ZIP		
TITLE		☐ DELETE 3	3.1 TITLE		Change Additi	ion
NAME		3	3.2 NAME		· -	
STREET ADDRESS		· 3	3.3 STREET	ADDRESS		
CITY-ST-ZIP		3	3.4. CITY-S	r-ZIP	1500	
TITLE		☐ DELETE 4	L1 TITLE		☐ Change ☐ Additi	ion .
NAME		4	. 2 NAME			
STREET ADDRESS		4	.3 STREET	ADORESS		
CITY-ST-ZIP		4	A CITY-ST	-ZIP	·	
TITLE		☐ DELETE 5	5.1 TITLE		☐ Change ☐ Additi	ion
NAME		5	2 NAME			
STREET ADDRESS		5	3 STREET	ADDRESS	•	ļ
CITY-ST-ZIP		5	.4 CITY-ST	-ZIP	·	
TITLE		☐ DELETE 6	1 TITLE		☐ Change ☐ Additi	ion
NAME		6	.2 NAME			
STREET ADDRESS		6	3 STREET	ADDRESS		
				710		Į.

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 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 corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on any flaghtness with all other like empowered.

**SIGNATURE:** 

RINYED NAME OF SIGNING OFFICER OR DIRECTOR