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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000096196**1. Corporation Name

ADVANCED AUTO SALES OF LEE COUNTY, INC.

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Principal Place	e of Business	Mailing Address				6 (00(100) 113 (014) (001) 1			•,	
1402 S.E. 10TH	I STREET	1402 S.E. 10TH STREET								
CAPE CORAL F	FL 33990	CAPE CORAL FL 33990		٠,٠	:				_	•
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·•	· · · · · · · · · · · · · · · · · · ·					 Date Incorporated or Quantum 11/10/1997 	airred .			
2. Principal P	lace of Business	2a. Mailing Address			4	FEI Number .		L	App	olied For
21	•	26				65-0793904			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desir	red 🗆			dditional
22		27				J. Certificate of Status Desi		F	ee Red	quired
City & Stat	e	City & State			6	6. Election Campaign Finar	icing	\$5	5.00 1	May Be
23		28	_			Trust Fund Contribution		A	dded to	Fees
Zip	Country	Zip	Coun	try	8	B. This corporation owes the	e current ye			_ '
24	25	29	30			Personal Property Tax.		Ye	s	□No
	9. Name and Address of Currer					0. Name and Address of I	Vew Regist	ered Agent		
ODII	AL OTERANO D		[;	B1 Name	•					
ACMANA	LI, STEFANO R	Taranga i sa K	- h	32 Street	t Address ((P.O. Box Number is Not Ad	ccentable)			
	S.E. TOTH STREET					10,50 MESS 5, 120 1, 140 1 4 2	en in la la region		eg (1818)	1 1 2 - 111 - 67:
CAP	E CORAL FL 33990		. [83			计铁谱	WHAT I	li illia	
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	•		['	84 City				FL 85	Zip C	oode
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statu	tes, the ab	ove-named	d corporation	on submits this statement for	or the purpo	se of changi	ing its r	registered
office or r	registered agent, or both, in the State	of Florida, Such change was a	authorized	by the corp	poration's b	board of directors. I hereby	accept the	appointment	as reg	jistered
agent. I a	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Statut	by the corp es.	poration's b	board of directors. I hereby	accept the	appointment	as reg	jistered
office or r agent. I a SIGNATURE	im familiar with, and accept the obliga	ations of, Section 607.0505, Fig.	onda Statut	es.		,		те	as reg	jistered
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Fig.	onda Statut	es.		n reinstating) /: 15 / ADDITIONS/CHANGES T	DA	TE.		
agent. I a SIGNATURE	m familiar with, and accept the obligation of th	of and title if applicable. (NOTE	E: Registered A	es. gent signature		n reinstating) // ১৮	DA	TE.	ЕСТОІ	
agent. I a SIGNATURE 12. TITLE	im familiar with, and accept the obligation of signature, typed or printed name of registered ages OFFICERS AN	nt and title if applicable. (NOTE	E: Registered A	es. gent signature E		n reinstating) // ১৮	DA	TE RS AND DIR	ЕСТОІ	RS IN 12
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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 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 property attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90039 042 ***150.00