## PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## E OCUMENT # P97000103548

CARIBE FORD LINCOLN MERCURY, INC.

|  | •   |  |                        |  |   |               |  |                       |                |                        |                                     |
|--|---|--|------------------------|--|---|---------------|--|-----------------------|----------------|------------------------|-------------------------------------|
| Principal Place  | of Rusiness   | Mailing Add  | ress                   |  |   |               | i i <b>er</b> iid di m                                     | B TÅTIT TYRKT RÆTTT & | Bill Batal Hai | i MOLDA berat Arrit i  | BINES IBM (Rei                      |
| 5314 S.W. SAN  |   | 5314 S.W. S/   |                        |  |   | ĺ             |  |                       |                |                        |                                     |
| CAPE CORAL F   |   | CAPE CORAL   |                        |  |   | ŀ             |  | <b>50.110.711</b>     |                | C CDACE                |                                     |
| 0 2 00   |   |  |                        |  |   |               |  | DO NOT WE             |                | S SPACE                |                                     |
| }  |   |  |                        |  |   | 1             | 3. Date Incorpora  | Red or Qualite        | ,              |                        | Į.                                  |
| }  |   |  |                        |  |   |               | 12/08/1997<br>4. FEI Number                                |                       |                | 1 40                   | plied For                           |
| 2. Principal Pl  | ace of Business   | 2a. Mailing  | Address                |  |   | ] '           | 65-0816804   |                       |                |                        | t Applicable                        |
| 21   |   | 26   |                        |  |   |               | 00'00 1000   | <u> </u>              |                | \$8.75                 |                                     |
| Suite, Apt.  | #, etc.   | ·  | pt. #, etc.            |  |   | 1 :           | 5. Certifcate of Si  | tatus Desired         |                | Fee Re                 |                                     |
| 22   |   | 27   |                        |  |   |               | E Election Comm  |                       |                | \$5.00                 |                                     |
| City & State   | <del></del>   | City, &.S  | · · · · · ·            |  |   |               | <ul> <li>6 Election-Camp</li> <li>Trust Fund Co</li> </ul> | •                     |                | 33.00<br>Added 1       |                                     |
| 23   | Country   | 28 Zip   |                        | Country  | <del></del>   |               | B. This corporation  |                       | rrent vear l   |                        |                                     |
| Zip  | <u> </u>  | 29   | 3                      |  | ,   |               | Personal Prop  |                       |                | Yes                    | □No                                 |
| 24   | 9. Name and Address of Curr   |  |                        | <u>~</u>   |   | 1             | IO. Name and Ad  |                       | Registere      | d Agent                |                                     |
|  | 5. Retire Blie Persiana 61 52.  |  |                        | 81   | Name  |               |  |                       | _              |                        |                                     |
| WES  | TPHAL, STEVE  |  |                        | _  | 2)  | Addison       | (P.O. Box Numbe  | rc ie Not Accor       | toble)         |                        |                                     |
| 5314   | S.W. SANDS BLVD.  |  |                        | 82   | Sheer   | Acciess       | (P.O. BOX NUMBE  | i is NOT ACCOL        | 10010)         |                        |                                     |
| CAPI   | E CORAL FL 33914  |  |                        | 83   | 3   |               |  |                       |                |                        |                                     |
| ļ  |   |  |                        | <u>_</u>   | <del> </del>  |               |  | <del></del>           |                | . 85 Zip (             | - ode                               |
| }  |   |  |                        | 84   | City  |               |  |                       | F              | L 85 Zip (             | 3000                                |
| 11 Pursuant  | to the provisions of Sections 607.05  | 502 and 607.1508.  | Florida Statutes       | the abov   | ve named  | corporat      | tion submits this s  | tatement for th       | e purpose      | of changing its        | registered                          |
| office of f  | to the provisions of Sections 607.05<br>egistered agent, or both, in the Stat<br>m familiar with, and accept the oblig  | te of Florida. Such o                                    | change was aut         | horized by   | y the corp  | ioration's    | board of directors   | i. I hereby acc       | ept the app    | ointment as re         | gistered                            |
|  |   |  |                        |  |   |               |  |                       |                |                        |                                     |
|  | m familiar with, and accept the cold  | galons on coccon .                                       |                        | 55 =   | 11/   | -76           | 1  |                       | 4/29/          | 45                     | į                                   |
| agent, I a   | STEVEN. L. WESTE  | PHPL   | <u>ت</u>               | 72. d  | r account   | espeka)       | on remetating)   |                       | DATE           | 4)                     |                                     |
|  | Signature, typed or printed name of registered a  | PHA L<br>Igent and title If applicable.                  | <u>ت</u>               | 72. d  | r account   | espeka)       | _  |                       | DATE           | ND DIRECTO             | RS IN 12                            |
| SIGNATURE  | Signature, typed or printed name of registered a  | PHA L<br>Igent and title If applicable.<br>AND DIRECTORS | <u>ت</u>               | legistered Age   | r account   | espeka)       | on remetating)   |                       | DATE           | 4)                     |                                     |
| SIGNATURE 12. TITLE  | Signature, typed or printed name of registered and OFFICERS A   | PHA L<br>Igent and title If applicable.<br>AND DIRECTORS | (NOTE: R               | legistered Age<br>13.  | ert signature i   | espeka)       | on remetating)   |                       | DATE           | ND DIRECTO             | RS IN 12                            |
| SIGNATURE  12. TITLE NAME  | Signature, typed or printed name of registered a OFFICERS A   | PHA L<br>Igent and title If applicable.<br>AND DIRECTORS | (NOTE: R               | 13. 1.1 TITLE 12 NAME  | ert signature i   | espeka)       | on remetating)   |                       | DATE           | ND DIRECTO             | RS IN 12                            |
| SIGNATURE  12. TITLE NAME STREET ADDRESS   | Signature, typed of printed name of registered a OFFICERS A PTD WESTPHAL, STEVE   | PHA L<br>Igent and title If applicable.<br>AND DIRECTORS | (NOTE: R               | 13. 1.1 TITLE 12 NAME  | ent aignature i   | espeka)       | on remetating)   |                       | DATE           | T)  DIRECTO Change     | RS IN 12                            |
| SIGNATURE  12. TITLE NAME  | Signature, typed of printed name of registered a OFFICERS A PTD WESTPHAL, STEVE 5314 S.W. SANDS BLVD.   | PHA L<br>opens and the If applicable.<br>AND DIRECTORS   | (NOTE: R               | 13. 1.1 TITLE 12 NAME 13 STREET  | ent aignature i   | espeka)       | on remetating)   |                       | DATE           | ND DIRECTO             | RS IN 12                            |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed of printed name of registered a OFFICERS A PTD WESTPHAL, STEVE 5314 S.W. SANDS BLVD. CAPE CORAL FL 33914   | PHA L<br>opens and the If applicable.<br>AND DIRECTORS   | (NOTE: R               | 13. 1.1 TITLE 12 NAME 13 STREE   | ert algeneture i  | espeka)       | on remetating)   |                       | DATE           | T)  DIRECTO Change     | RS IN 12                            |
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florada 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 furstee 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.

| OI. | ^ | M | A | TI | 10 | ■. |
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FILED
May 08, 1999 8:00 am
Secretary of State
05-08-1999 90063 019 \*\*\*150.00

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