FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # S16399 (5)COCO AUTO SALES, INC. Principal Place of Business Mailing Address P. O. BOX 14803 P. O. BOX 14803 BRADENTON FL 34280-4603 **BRADENTON FL 34280** 3a. Date of Last Report 3. Date Incorporated or Qualified 11/21/1990 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0230532 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζp Country Country 8. This corporation has liability for intangible tal under s. 199.032, Florida Statutes Yes X No 24 25 29 30 Florida Statutes Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COLE, CHARLES R. 5330 26TH ST. WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 04207** 83 84 City Zip Code 85 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 agont, 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. SIGNATURE red agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE COLE, CHARLES R. NAME 1.2 NAMÉ 5330 26TH ST. WEST 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP 1.4 OTY - ST- ZIP DELETE Change Addition TITLE 21 THLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CHTY - S1 - ZIP Change DELETE Addition 3.1 TITLE TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(1 y - \$1 - Z(P CATY-ST-ZIP DELETE Change - Addition TITLE 5.1.1III.E NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TALLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do 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 eath; 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 the iged, or on an attachment with an address.

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