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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 PM 1:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S58323 (4)

1. Corporation Name

WHEELS FOR SALE BY OWNER AND STORAGE, INC.

Principal Place of Business

**1320 E. HWY 50
WINTER GARDEN FL 34787**

Mailing Address

**1320 E. HWY 50
WINTER GARDEN FL 34787**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1991

3a. Date of Last Report

02/03/1994

2. Principal Place of Business

21 12400 W Colonial Dr

2a. Mailing Address

26 12400 W Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Winter Garden, FL

City & State

27 Winter Garden, FL

Zip

Country

Zip

Country

24 34787

25 Orange

29 34787

30 Orange

4. FEI Number

59-3072490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ARGENTINE, LEONARD
1320 E. HWY 50
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

ARGENTINE, LEONARD

STREET ADDRESS

201 LAKESHORE DRIVE, S.

CITY - ST - ZIP

OC0EE FL

TITLE

ST

NAME

ARGENTINE, DIXIE

STREET ADDRESS

201 LAKESHORE DRIVE, S

CITY - ST - ZIP

OC0EE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Dixie Argentine - Dixie Argentine

4-12-95 877-1192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.