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 # S58323

Corporation Name

WHEELS FOR SALE BY OWNER AND STORAGE, INC.

Principal Plac	e of Business	Mailing Address			I (BRITATE (B) GHAT ISTER (A)	6 11486 2112 01911			
12400 W COLO		12400 W COLONIAL DR							
WINTER GARDEN FL 34787		WINTER GARDEN FL 34787			20 112711	DO NOT WIDITE IN THE SPACE			
US		US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualif 06/06/1991	eo . 			
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Ap	plied For	
21		26			<u>59-3072490</u>			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A			
22		27					Fee Re		
City & Stat	te	City & State			6. Election Campaign Financia	^{ig} □	\$5.00		
23		28			Trust Fund Contribution		Added to) rees	
Zip	Country	Zip	Cour	iuy	8. This corporation owes the o	urrent year Ir		□No	
24	25		30		¹Personal Property Tax. 10. Name and Address of Ne	v Registered			
	9. Name and Address of Curren	it Registered Agent		81 Nan		registered	- Agoint		
OAK	(LEY, JOHN		Ĺ		<u></u>				
	00 W COLONIAL DR			82 Stre	et Address (P.O. Box Number is Not Acce	ptable)			
WINTER GARDEN FL 34787			}	83					
***	TEN OPAROENT LE OTTO		ĺ	33					
				84 City		FI	85 Zip C	ode	
11 Dureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the ab	ove-nam	ed corporation submits this statement for	he purpose o	f changing its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	ithonzed	by the co	orporation's board of directors. I hereby ac	cept the appo	intment as reg	jistered	
SIGNATURE		Alors.	Danistana d	Avant sissati	ure required when reinstating)	DATE			
12,	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	Agent signati	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12	
TITLE	P	DELETE	1.1 TITI				Change	Addition	
NAME	OAKLEY, JOHN	\nearrow	1.2 NAJ		Argentine L	conan	d_{\perp}		
STREET ADDRESS	ACARC MI COLOMBAL DD	,		REET ADDRÉ	124-00 W C6/	onial	De		
'	WINTER GARDEN FL			Y-ST-ZIP	Argentine, L 12400 W Col Winter Garden	<i>FL</i>	2475	27	
CITY-ST-ZIP TITLE	WINTER GARDENTE	☐ DELETE	2.1 TIT		Willer Gaden	/	☐ Change	Addition	
NAME		-	•			-)·	
			22 NAI	MF	ì			ł	
STREET ADDRESS			2.2 NAJ		22				
CITY-ST-ZIP			2.3 STF	REET ADDRE	ss				
		☐ DELETE	2.3 STF	REET ADDRE	SS		Change	☐ Addition	
		DELETE	2.3 STF 2.4 CIT	REET ADDRÉ TY-ST-ZIP LÉ	ss	·	Change	Addition	
NAME		DELETE	2.3 STF 2.4 CIT 3.1 TITE 3.2 NA	REET ADDRE TY-ST-ZIP LE ME			Change	Addition	
NAME STREET ADDRESS		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITE 3.2 NA/ 3.3 STF	REET ADDRE TY-ST-ZIP LE ME REET ADDRE			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITE 3.2 NA/ 3.3 STF	REET ADDRE TY-ST-ZIP LE ME REET ADDRE			Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.3 STF 2.4 CIT 3.1 TITT 3.2 NAV 3.3 STF 3.4. CIT	REET ADDRE TY-ST-ZIP LE ME REET ADDRE TY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.3 STF 2.4 CIT 3.1 TITE 3.2 NA 3.3 STF 3.4 CIT 4.1 TITE 4.2 NA	REET ADDRE TY-ST-ZIP LE ME REET ADDRE TY-ST-ZIP LE ME	SSS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.3 STF 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STF	REET ADDRE TY-ST-ZIP LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE	SSS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STF 2.4 CIT 31 TITE 32 NA 3.3 STF 3.4 CIT 4.1 TITE 4.2 NA 4.3 STF 4.4 CIT	REET ADDRE TY-ST-ZIP LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE REET ADDRE REET ADDRE Y-ST-ZIP	SSS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.3 STF 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STF	REET ADDRE TY- ST-ZIP LE ME REET ADDRE TY- ST-ZIP LE LE ME REET ADDRE TY- ST-ZIP LE LE REET ADDRE	SSS		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4. CIT 4.1 TITI 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAV	REET ADDRE TY- ST-ZIP LE ME REET ADDRE TY- ST-ZIP LE LE ME REET ADDRE TY- ST-ZIP LE LE REET ADDRE	SS		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 STF 2.4 CIT 3.1 TIT 3.2 NAV 3.3 STF 4.4 CIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAV 5.3 STF	REET ADDRE TY-ST-ZIP LE ME REET ADDRE TY-ST-ZIP LE MR REET ADDRE TY-ST-ZIP LE MR REET ADDRE ME ME REET ADDRE	SS		Change	Addition	
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		☐ DELETE	2.3 STF 2.4 CIT 3.1 TIT 3.2 NAV 3.3 STF 4.4 CIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAV 5.3 STF	REET ADDRE TY-ST-ZIP LE ME REET ADDRE TY-ST-ZIP LE MR REET ADDRE Y-ST-ZIP LE ME ME REET ADDRE Y-ST-ZIP LE ME ME	SS		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITO 3.2 NAV 3.3 STF 3.4. CIT 4.1 TITO 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITO 5.2 NAV 5.3 STF 5.4 CIT	REET ADDRE TY-ST-ZIP LE MREET ADDRE TY-ST-ZIP LE MRE REET ADDRE Y-ST-ZIP LE MREET ADDRE Y-ST-ZIP LE MREET ADDRE Y-ST-ZIP LE MRE REET ADDRE Y-ST-ZIP LE ME	SS		☐ Change	☐ Addition ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		☐ DELETE	2.3 STF 2.4 CTT 3.1 TTT 3.2 NAV 3.3 STF 3.4 CTT 4.1 TTT 4.2 NA 4.3 STF 4.4 CTT 5.1 TTT 5.2 NAV 5.3 STF 5.4 CTT 6.1 TTT 6.2 NAV	REET ADDRE TY-ST-ZIP LE MREET ADDRE TY-ST-ZIP LE MRE REET ADDRE Y-ST-ZIP LE MREET ADDRE Y-ST-ZIP LE MREET ADDRE Y-ST-ZIP LE MRE REET ADDRE Y-ST-ZIP LE ME	SS		☐ Change	☐ Addition ☐ Addition	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

1/19/99 407-877-1199

FILED

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90003 027 ***150.00

CR2E034 (11/98)