## 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 # \$85422**

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90084 023 \*\*\*150.00

1. Corporation	OTA NISSAN, INC.			( 1885) 858 (B181 815) (B181 815) (B181 816) (B181 816)	NK 81811 81812 81811 81812 81814 7881
Principal Plac	e of Business	Mailing Address			II AHBIF DIDII AHBII DIDII BIBII INDI
3530 BEE RIDGE ROAD SARASOTA FL 34239 SARASOTA FL 34239					
SAHASOIA FL	34239	SARASOTA FL 34239		DO NOT WRITE IN TH	IIS SPACE
ļ				3. Date Incorporated or Qualifed	
				10/07/1991	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	2 US Highway 41	26 750 US H	John Al	65-0288066	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	V.2. Q	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		& Floring Compaign Financing	<del></del>
23 Ven	ice FL	28 Venice	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 342	Country 25	<sup>Zip</sup> 34292 [	Country 30	This corporation owes the current year Personal Property Tax.	Intangible □ Yes □ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name					
THORNTON, ROY G			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
3530 BEE RIDGE ROAD SARASOTA FL 34239			750	5 US Highway 41	Byps
SAR	A301A FL 34239		83	55	1
			84 City \	enice F	L 85 Zip Code 34 292
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 registance.					of changing its registered
office or registered agent, or both, in the State of Fiorida. 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	and accept the congain	, i o o o o o o o o o o o o o o o o o o	ou outubo.		
<u></u>	Signature, typed or printed name of registered agent	<del> </del>	Registered Agent signature require	The state of the s	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	D Thornton, roy G	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	910 21ST AVE WEST	*	- 1.2 NAME		
CITY-ST-ZIP	PALMETTO FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GAMBILL, TERESA T	_	2.2 NAME		
STREET ADDRESS	1809 4TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		2.14 City-ST-ZIP	e de la composición	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THORNTON, ANITA T		3.2 NAME		
STREET ADDRESS	4711 13TH STREET WEST		3.3 STREET ADDRESS		
CITY-ST-ZiP	PALMETTO FL		3.4. CTTY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		<del></del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	·		5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS		•	6.3 STREET ADDRESS		
			<b>-</b>		

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 and a currate 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 feceiver or frustee 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 or an attraction with an address, with all other like empowered.

SIGNATURE:

MATURE PRODUCTION AND OFFICER OF DIRECTOR

3-25-99

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